THE NEW CANCER RISKS YOU CAN'T IGNORE p. 102

Prevention

November 2015

EAT CLEAN And LOSE FAT

21 Guilt-free, Delish Meals and Sides



SLOW COOKER COMFORT

Surprise! *Make lasagna, bread, dessert & more*

Indulge!

82% FEWER CALORIES AND CARBS, KILLER FLAVOR!

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50 PROVEN WAYS TO NEVER GET SICK

+ BOOST YOUR METABOLISM WITHOUT INTERVALS

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LOOK YOUNGER *In one hour*

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"When I found out their pet food had corn gluten meal,
I switched them to BLUE."
©2015 Blue Buffalo Co., Ltd.

When pet parents learn about some of the ingredients in their pet food, they switch to Blue Buffalo. **Every one of our BLUE pet food recipes features real chicken or fish** and contains only the highest quality ingredients. We don't use corn gluten meal because that's not something we want to feed a family member.

All BLUE natural pet food formulas:

- ✓ ALWAYS feature real meat
- ✓ ALWAYS include veggies and fruit
- ✓ ALWAYS include antioxidant-rich LifeSource® Bits
- ✓ DON'T have chicken (or poultry) by-product meals
- ✓ DON'T have artificial colors, flavors or preservatives
- ✓ DON'T have corn, wheat or soy

And your pet can enjoy all of this naturally healthy goodness for only pennies a day more.

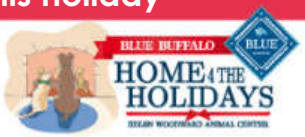


Compare your pet's food to BLUE at

BlueBuffalo.com

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home4theholidays.org/locations



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CHRISTOPHER TESTANI

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On our cover: Photograph by Françoise Nicol/PhotoCuisine/Stockfood. Ketchup: Aleaimage/Getty

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Following her gut helped against IBS, p. 58

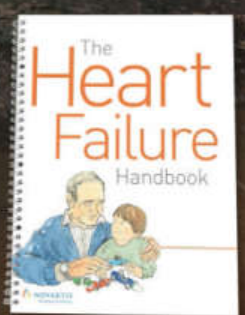
JARED LEEDS



Fortunately, knowledge can help you do something about it.

Heart Failure (HF) means your heart isn't pumping the way it should and it worsens over time. About 50% of people die within 5 years of getting diagnosed. It's important to know how to recognize HF symptoms like difficulty breathing and swelling.

Talk to your doctor about managing HF and your treatment options. You can also sign up for a free "Heart Failure Handbook" to learn more. Call 1-844-PUMP4HF or go to KeepitPumping.com today.



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[3] FUN, SMART THINGS WE ALL LEARNED THIS MONTH—AND HOW TO ACT ON THEM RIGHT NOW



BRUCE KELLEY
EDITOR-IN-CHIEF



Stuck? This Guy Will Unstick You

RUTS ARE TOUGH FOR ME because when I'm in one, I lose faith that I should even *try* to get out. Hence, occasional therapy (TMI, but still). And hence the attraction of new-style motivator Lewis Howes. His podcast and his new book, *The School of Greatness,* report how successful people (ergo, you) cultivate useful rules for avoiding ruts. **TRY IT NOW:** Register at *greatnesssummit.com* before Nov. 16 to join Howes's free, weeklong online course Unleash Your Greatness Summit, hosted by Rodale Wellness and costarring famously unstuck teachers like chef Carla Hall, Bulletproof creator Dave Asprey, meditation guru Gabrielle Bernstein, and Rodale CEO Maria Rodale.

THE MOVIE YOU GOTTA SEE

Learning to Drive features Patricia Clarkson (just divorced, crushed) and Ben Kingsley (Sikh immigrant marrying a stranger) facing the existential quandary of midlife: how to bear the discomfort of trying to "get better" just when you've finally accepted "I'm fine as I am." Forced personal growth fills this excellent film based on a *New Yorker* essay by Katha Pollitt. **TRY IT NOW:** Order it on DVD or on demand. In a role written and directed by women, Clarkson is infectious and admirably real.



FROM TOP: MITCH MANDEL. NICK ONKEN. COURTESY OF EVERETT COLLECTION


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lotion

THE BEST PLACE TO GO **FOR A REFRESH**

How does this sound: You, shoulder to shoulder with hundreds of other savvy, engaged women under the southwestern winter sun; you, tasting clean, locally sourced Mexican cuisine; you, sharing in science's latest knowledge about the power of health, beauty, aging, and friendship; you, stimulated as only adventurous travelers are. **TRY IT NOW:** Consider our R3 Summit Jan. 15–16 in Austin, TX. **It's the annual gathering when *Prevention* readers from all over convene in this forward-thinking city** to do Sun Salutations, learn from each other and from superstar experts—*The Doctors*'s Jennifer Ashton, our new columnist (see p. 27); Lauren Streicher, the maverick gynecologist from last month's "Sex Doc to the Rescue!"; and more—and depart ready for 2016. Go to *preventionr3summit.com* to find out more. Perhaps you even have a fun co-adventurer (daughter? BFF?) in mind. R3 stands for *revive*, *refresh*, and *reinvent*, but the one I always remember is the second: *refresh*.



TOP IMAGE: JH JACKSON PHOTOGRAPHY

R3 Summit: Jan. 15–16 From top: ACL Live at the Moody Theater; snaps from past years of Anne Alexander, Sadie Lincoln, and Chris Freytag; a group class; chef Callie Speer; and a winning dish

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I MAY BE BUSY BUT

HEART HEALTH†

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MICHAEL STRAHAN
META USER



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*PSYLLIUM HUSK

†DIETS LOW IN SATURATED FAT AND CHOLESTEROL THAT INCLUDE 7 GRAMS OF SOLUBLE FIBER PER DAY FROM PSYLLIUM HUSK, AS IN METAMUCIL, MAY REDUCE THE RISK OF HEART DISEASE BY LOWERING CHOLESTEROL. ONE ADULT SERVING OF METAMUCIL HAS 2.4 GRAMS OF THIS SOLUBLE FIBER. ONE META HEALTH BAR HAS 1.8 GRAMS OF THIS SOLUBLE FIBER.

*BASED ON PHARMACY TIMES 2015 SURVEY (FIBER SUPPLEMENTS, LAXATIVES – BULK/FIBER, AND CHOLESTEROL MANAGEMENT CATEGORIES)

Your Golden Hours

Nothing is more effective at diffusing dawn worries than the moment the sun first hits just so. The sky above this trail, along Durand Lake at the foot of the dramatic White Mountains in New Hampshire, streaks with pure gold, but any sky will do. Soak it in as your sweat pools. After all, the sunrise is free and happens every day. How many truly awe-inspiring things can you say that about?





AURORA PHOTOS/OFFSET



It may surprise you that if you're experiencing any of these symptoms, you may have **Chronic Dry Eye disease:**

- **Dryness/itching**
- **Burning/stinging**
- **Feeling like something is in your eye**
- **Sensitivity to light**
- **Blurry vision**
- **Problems wearing contact lenses**
- **Watering eyes**

Chronic Dry Eye can limit your ability to perform daily activities that involve your eyes. Over time it can have potential consequences for your eyes—damage to the front surface of the eye, increased risk of infection, and effects on your vision. The good news is that treatment options are available.





TAKE ACTION NOW

- **SCHEDULE** a medical exam with your optometrist or ophthalmologist to see if you have Chronic Dry Eye. Don't wait.
- **GO TO mydryeyes.com, TAKE** a brief questionnaire eye doctors use to assess Chronic Dry Eye, and **SHOW** the results to your eye doctor.

ALLERGAN

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My DRY EYES

vitafusion™

#1 Adult Gummy Vitamin Brand†



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Health

SMARTER WALKS • SHARPER EYES • CALMER MIND

Go Climb a Tree (No, Really!)

It could increase your working memory by an impressive 50%. The effect is thanks to the way moving among the branches requires you to be keenly aware of your body and its surroundings, according to a small new study. We know what you're thinking (and agree): It's not worth breaking an arm. Happily, taking your walking routine to a woodsy trail can provide cognitive benefits as well, say Ross and Tracy Packiam Alloway, study coauthors and researchers at the University of North Florida. Hiking will push your brain to adapt rapidly to changing terrain—even if your walk just amounts to traversing some rocks and roots.

Source: Perceptual & Motor Skills

JUSTIN BAILIE/TANDEM

Make This the Month You (Finally) Start Meditating



This year, editors at all of Rodale's magazines were challenged to reach across brands and improve each other's life and health. *Rodale's Organic Life* editor Jeremy Lehrer challenged *Prevention* editor Olessa Pindak to meditate for 21 days straight—and after three false starts involving a lot of negative self-talk, she finally did it. Her takeaways:

1 BE UNAMBITIOUS. My grand plan of 20 minutes failed, so I tried for an achievable 5 daily minutes instead. This slowly became 10 and then 12 minutes.

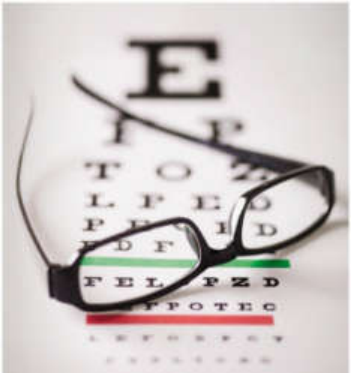
2 TRY COMPASSION. Jeremy encouraged me to be kind to myself: When my mind wandered, instead of thinking, *I'm terrible at this*, I would just gently guide it back to my breath.

3 HOLD YOURSELF ACCOUNTABLE. For me, that meant texting Jeremy after each session. Involve a partner or friend and you'll have a greater shot at success.

Learn how to start your own practice at rodalesorganiclife.com/getsomeonemeditating.

Want to Read This without Your Glasses?

A first-of-its-kind corneal implant could be the end of your need for reading glasses in every room. The KAMRA inlay, which recently won FDA approval as a treatment for near-vision loss, successfully restored close-up sight to 92% of research patients. It's available now, but most insurance plans aren't covering it, so here's the hitch: a $5,400 price tag. Worth the chance to toss all those specs? Your call.
Source: Tom Tooma, MD, founder of NVISION Eye Centers



FROM TOP: ILLUSTRATION BY JESSICA KUSUMA. PHOTOGRAPHS: CHRIS RYAN/GETTY IMAGES, LARRY WASHBURN/GETTY IMAGES



pain free from head to toe.

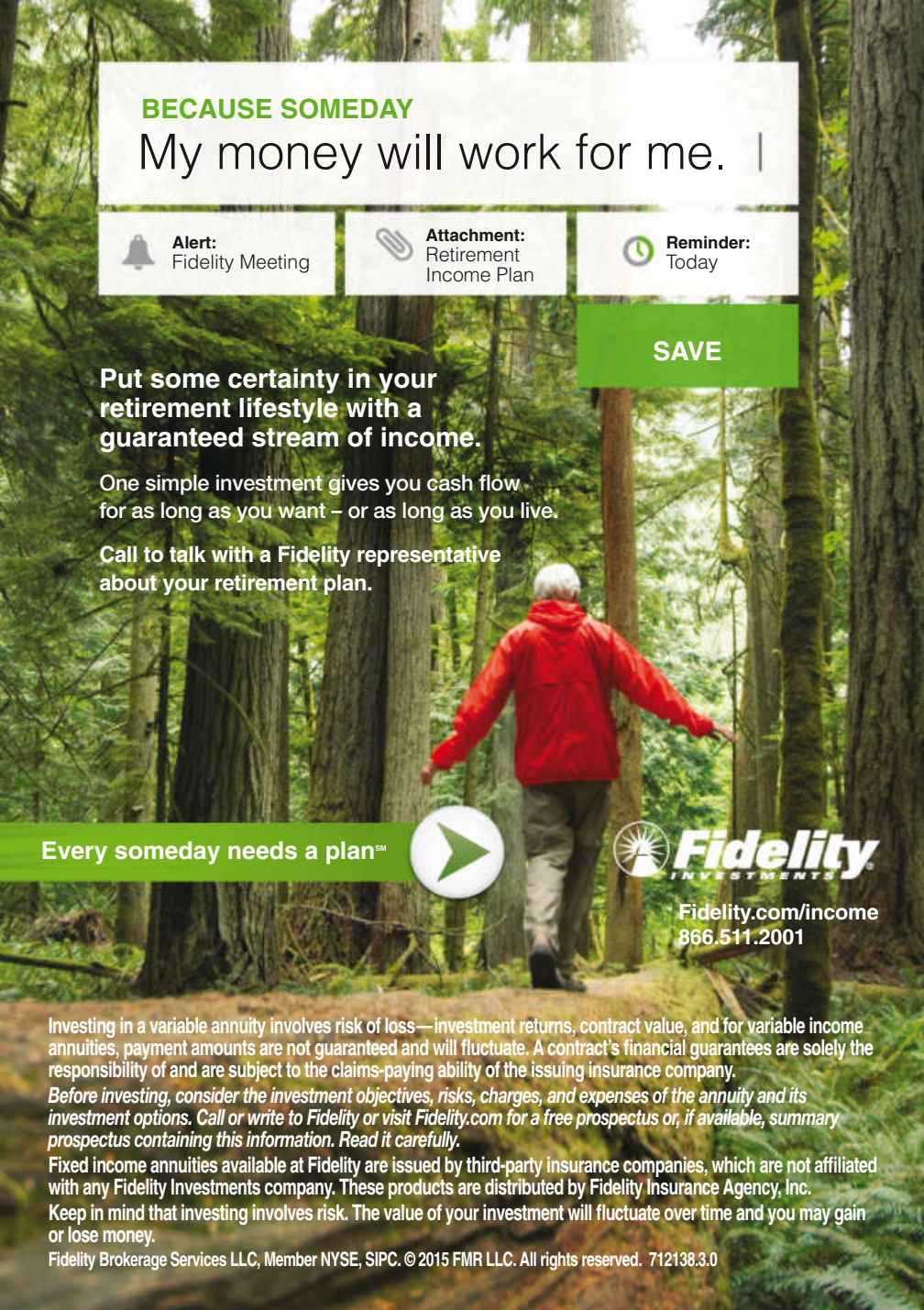
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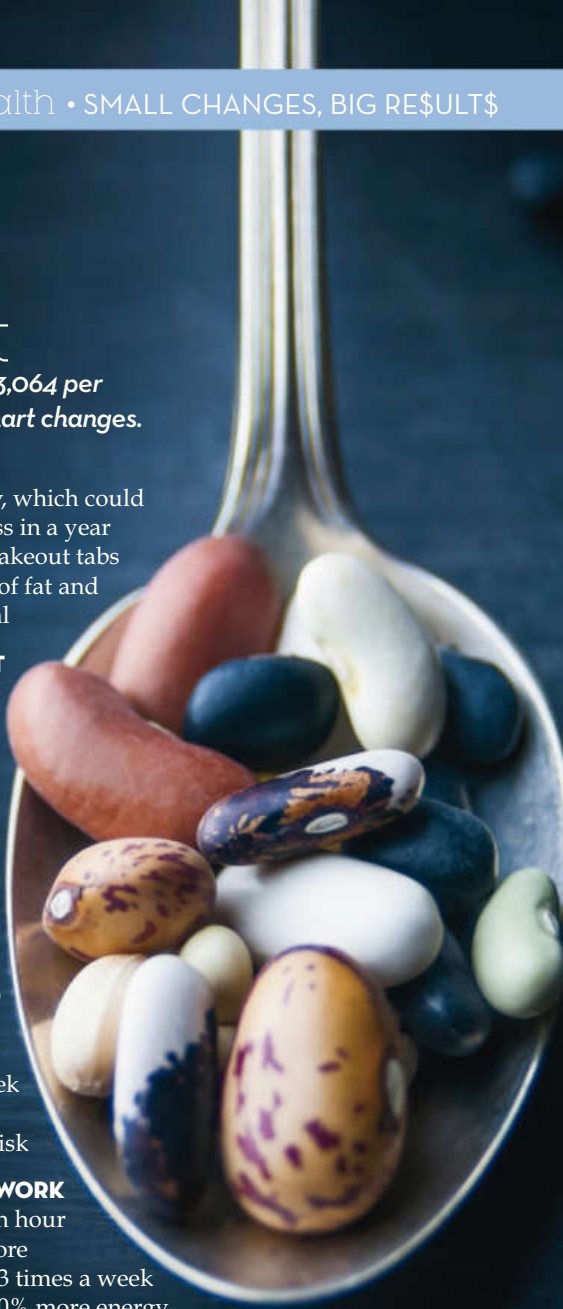
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Get Fit & Fatten Up Your Wallet

We did the math: You'll save $3,064 per year with these five wicked-smart changes.



BROWN-BAG YOUR LUNCH
Calories saved: About 200 a day, which could amount to a 20-pound weight loss in a year
Average $ recouped: $1,121 in takeout tabs
Health bonus: Saves about 10 g of fat and 300 to 415 mg of sodium per meal

BREAK YOUR DIET SODA HABIT
Calories saved: 0
Average $ recouped: $515
Health bonus: Stronger bones, fewer migraines

QUIT THE SUGARY LATTES
Calories saved: 150 per day
Average $ recouped: $767
Health bonus: Lower risk of depression and heart disease

REPLACE A POUND OF GROUND BEEF WITH A BAG OF DRIED PINTO BEANS WEEKLY
Calories saved: About 153 a week
Average $ recouped: $161
Health bonus: Reduced cancer risk

GRAB A HELMET AND BIKE TO WORK
Calories burned: Up to 500 in an hour
Average $ recouped: $500 or more
Health bonus: People who bike 3 times a week have lower blood pressure and 20% more energy.

THE PICTURE PANTRY/OFFSET



Prolia® is a prescription medicine used to treat osteoporosis in women after menopause who:

- **are at high risk for fracture, meaning women who have had a fracture related to osteoporosis, or who have multiple risk factors for fracture**
- **cannot use another osteoporosis medicine or other osteoporosis medicines did not work well**

Important Safety Information

Do not take Prolia® if you: have low blood calcium; or are pregnant or plan to become pregnant, as Prolia® may harm your unborn baby; or are allergic to denosumab or any ingredients in Prolia®.

What is the most important information I should know about Prolia®?

If you receive Prolia®, you should not receive XGEVA®. Prolia® contains the same medicine as XGEVA® (denosumab).

Prolia® can cause serious side effects:

Serious allergic reactions have happened in people who take Prolia®. Call your doctor or go to your nearest emergency room right away if you have any symptoms of a serious allergic reaction, including low blood pressure (hypotension); trouble breathing; throat tightness; swelling of your face, lips, or tongue; rash; itching; or hives.

Low blood calcium (hypocalcemia). Prolia® may lower the calcium levels in your blood. If you have low blood calcium, it may get worse during treatment. Your low blood calcium must be treated before you receive Prolia®.

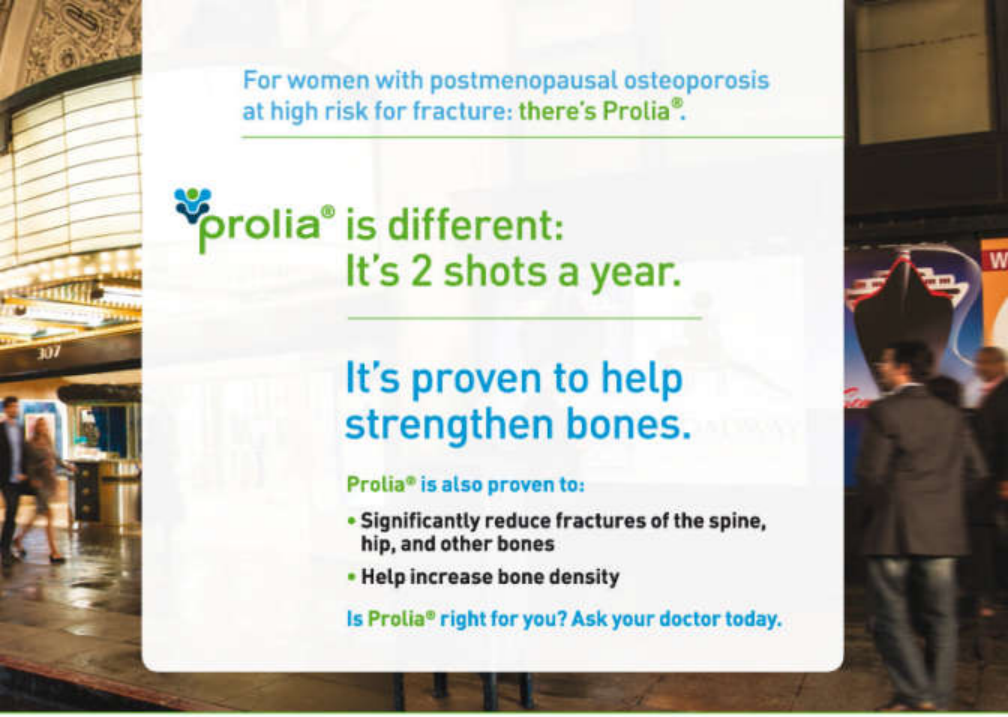
Take calcium and vitamin D as your doctor tells you to help prevent low blood calcium.

Severe jaw bone problems (osteonecrosis) may occur. Your doctor should examine your mouth before you start Prolia® and may tell you to see your dentist. It is important for you to practice good mouth care during treatment with Prolia®.

Unusual thigh bone fractures. Some people have developed unusual fractures in their thigh bone. Symptoms of a fracture include new or unusual pain in your hip, groin, or thigh.

Serious infections in your skin, lower stomach area (abdomen), bladder, or ear may happen. Inflammation of the inner lining of the heart (endocarditis) due to an infection may also happen more often in people who take Prolia®. You may need to go to the hospital for treatment.

Prolia® is a medicine that may affect the ability of your body to fight infections. People who have weakened immune systems or take medicines



that affect the immune system may have an increased risk for developing serious infections.

Skin problems such as inflammation of your skin (dermatitis), rash, and eczema have been reported.

Bone, joint, or muscle pain. Some people who take Prolia® develop severe bone, joint, or muscle pain.

Before taking Prolia®, tell your doctor if you:

- Take the medicine XGEVA® (denosumab)
- Have low blood calcium
- Cannot take daily calcium and vitamin D
- Had parathyroid or thyroid surgery (glands located in your neck)
- Have been told you have trouble absorbing minerals in your stomach or intestines (malabsorption syndrome)
- Have kidney problems or are on kidney dialysis
- Plan to have dental surgery or teeth removed
- Are pregnant or plan to become pregnant
- Are breast-feeding or plan to breast-feed

What are the possible side effects of Prolia®?

It is not known if the use of Prolia® over a long period of time may cause slow healing of broken bones. The most common side effects of Prolia® are back pain, pain in your arms and legs, high cholesterol, muscle pain, and bladder infection.

These are not all the possible side effects of Prolia®. For more information, ask your doctor or pharmacist. Call your doctor for medical advice about side effects.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see Brief Summary of Medication Guide on the next page.

Ask your doctor about your bone strength and if Prolia® is right for you.

prolia® (denosumab) injection

2 shots a year proven to help strengthen bones.

www.prolia.com

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BRIEF SUMMARY OF MEDICATION GUIDE

Prolia® (PRÓ-lee-a) *(denosumab)* Injection

Read the Medication Guide that comes with Prolia before you start taking it and each time you get a refill. There may be new information. The Medication Guide does not take the place of talking with your doctor about your medical condition or treatment. Talk to your doctor if you have any questions about Prolia.

What is the most important information I should know about Prolia?

If you receive Prolia, you should not receive XGEVA®. Prolia contains the same medicine as Xgeva (denosumab).

Prolia can cause serious side effects including:

- **Serious allergic reactions.**
 Serious allergic reactions have happened in people who take Prolia. Call your doctor or go to your nearest emergency room right away if you have any symptoms of a serious allergic reaction. Symptoms of a serious allergic reaction may include:
 - low blood pressure (hypotension)
 - trouble breathing
 - throat tightness
 - swelling of your face, lips, or tongue
 - rash
 - itching
 - hives
- **Low calcium levels in your blood (hypocalcemia).**
 Prolia may lower the calcium levels in your blood. If you have low blood calcium before you start receiving Prolia, it may get worse during treatment. Your low blood calcium must be treated before you receive Prolia. Most people with low blood calcium levels do not have symptoms, but some people may have symptoms. Call your doctor right away if you have symptoms of low blood calcium such as:
 - Spasms, twitches, or cramps in your muscles
 - Numbness or tingling in your fingers, toes, or around your mouth

 Your doctor may prescribe calcium and vitamin D to help prevent low calcium levels in your blood while you take Prolia. Take calcium and vitamin D as your doctor tells you to.
- **Severe jaw bone problems (osteonecrosis).**
 Severe jaw bone problems may happen when you take Prolia. Your doctor should examine your mouth before you start Prolia. Your doctor may tell you to see your dentist before you start Prolia. It is important for you to practice good mouth care during treatment with Prolia. Ask your doctor or dentist about good mouth care if you have any questions.
- **Unusual thigh bone fractures.**
 Some people have developed unusual fractures in their thigh bone. Symptoms of a fracture include new or unusual pain in your hip, groin, or thigh.
- **Serious infections.**
 Serious infections in your skin, lower stomach area (abdomen), bladder, or ear may happen if you take Prolia. Inflammation of the inner lining of the heart (endocarditis) due to an infection also may happen more often in people who take Prolia. You may need to go to the hospital for treatment if you develop an infection.

 Prolia is a medicine that may affect the ability of your body to fight infections. People who have weakened immune system or take medicines that affect the immune system may have an increased risk for developing serious infections.
 Call your doctor right away if you have any of the following symptoms of infection:
 - Fever or chills
 - Skin that looks red or swollen and is hot or tender to touch
 - Fever, shortness of breath, cough that will not go away
 - Severe abdominal pain
 - Frequent or urgent need to urinate or burning feeling when you urinate

- **Skin problems.**
 Skin problems such as inflammation of your skin (dermatitis), rash, and eczema may happen if you take Prolia. Call your doctor if you have any of the following symptoms of skin problems that do not go away or get worse:
 - Redness
 - Itching
 - Small bumps or patches (rash)
 - Your skin is dry or feels like leather
 - Blisters that ooze or become crusty
 - Skin peeling
- **Bone, joint, or muscle pain.**
 Some people who take Prolia develop severe bone, joint, or muscle pain.

Call your doctor right away if you have any of these side effects.

What is Prolia?

Prolia is a prescription medicine used to:

- Treat osteoporosis (thinning and weakening of bone) in women after menopause ("change of life") who:
 - are at high risk for fracture (broken bone).
 - cannot use another osteoporosis medicine or other osteoporosis medicines did not work well.

It is not known if Prolia is safe and effective in children.

Who should not take Prolia?

Do not take Prolia if you:

- have been told by your doctor that your blood calcium level is too low.
- are pregnant or plan to become pregnant.
- are allergic to denosumab or any of the ingredients in Prolia. See the end of this leaflet for a complete list of ingredients in Prolia.

What should I tell my doctor before taking Prolia?

Before taking Prolia, tell your doctor if you:

- Are taking a medicine called Xgeva (denosumab). Xgeva contains the same medicine as Prolia.
- Have low blood calcium.
- Cannot take daily calcium and vitamin D.
- Had parathyroid or thyroid surgery (glands located in your neck).
- Have been told you have trouble absorbing minerals in your stomach or intestines (malabsorption syndrome).
- Have kidney problems or are on kidney dialysis.
- Plan to have dental surgery or teeth removed.
- Are pregnant or plan to become pregnant. Prolia may harm your unborn baby. Tell your doctor right away if you become pregnant while taking Prolia.
 - **Pregnancy Surveillance Program:** Prolia is not intended for use in pregnant women. If you become pregnant while taking Prolia, talk to your doctor about enrolling in Amgen's Pregnancy Surveillance Program or call 1-800-772-6436 (1-800-77-AMGEN). The purpose of this program is to collect information about women who have become pregnant while taking Prolia.
- Are breastfeeding or plan to breastfeed. It is not known if Prolia passes into your breast milk. You and your doctor should decide if you will take Prolia or breastfeed. You should not do both.

Tell your doctor about all the medicines you take, including prescription and nonprescription drugs, vitamins, and herbal supplements. Know the medicines you take. Keep a list of medicines with you to show to your doctor or pharmacist when you get a new medicine.

How will I receive Prolia?

- Prolia is an injection that will be given to you by a healthcare professional. Prolia is injected under your skin (subcutaneous).
- You will receive Prolia 1 time every 6 months.
- You should take calcium and vitamin D as your doctor tells you to while you receive Prolia.
- If you miss a dose of Prolia, you should receive your injection as soon as you can.
- Take good care of your teeth and gums while you receive Prolia. Brush and floss your teeth regularly.
- Tell your dentist that you are receiving Prolia before you have dental work.

What are the possible side effects of Prolia?

Prolia may cause serious side effects.

- See **"What is the most important information I should know about Prolia?"**
- It is not known if the use of Prolia over a long period of time may cause slow healing of broken bones.

The most common side effects of Prolia in women who are being treated for osteoporosis after menopause are:

- back pain
- pain in your arms and legs
- high cholesterol
- muscle pain
- bladder infection

Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of Prolia. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store Prolia if I need to pick it up from a pharmacy?

- Keep Prolia in a refrigerator at 36°F to 46°F (2°C to 8°C) in the original carton.
- Do not freeze Prolia.
- When you remove Prolia from the refrigerator, Prolia must be kept at room temperature [up to 77°F (25°C)] in the original carton and must be used within 14 days.
- Do not keep Prolia at temperatures above 77°F (25°C). Warm temperatures will affect how Prolia works.
- Do not shake Prolia.
- Keep Prolia in the original carton to protect from light.

Keep Prolia and all medicines out of reach of children.

General information about Prolia

Do not give Prolia to other people even if they have the same symptoms that you have. It may harm them.

The Medication Guide summarizes the most important information about Prolia. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about Prolia that is written for health professionals.

For more information, go to www.Prolia.com or call Amgen at 1-800-772-6436.

What are the ingredients in Prolia?

Active ingredient: denosumab

Inactive ingredients: sorbitol, acetate, polysorbate 20 (prefilled syringe only), Water for Injection (USP), and sodium hydroxide

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AMGEN®

IS IT TRUE THAT...

The older you are when you first get your period, the older you'll be when you go through menopause?





THIS IS AN OLD WIVES' TALE, plain and simple. Estrogen levels decrease with age until your ovaries stop releasing eggs, on average around age 51 in the US. The key factor is how old your mom was when she hit the change; you can expect menopause a couple of years before or after that. If you smoke, expect it sooner because of the damage it does to ovaries. Autoimmune issues like thyroid disease may cause the immune system to mistakenly attack the ovaries, also leading to earlier-than-normal menopause.

DR. JENNIFER ASHTON, an ob-gyn, is cohost of *The Doctors*. (Find local listings at *thedoctorstv.com*.) Come see her and other health-thought leaders speaking live at *Prevention*'s R3 Summit in Austin, TX, Jan. 15–16. Get tickets now at *preventionr3summit.com*.



1 IN 4 **That's how many women over age 65 have osteoporosis of the hip and spine, compared with about 1 in 17 men in the same range, per a new report.** Men tend to have bigger bones and different hormonal shifts, so their bones lose density more slowly. For a guide to maintaining a strong skeleton, go to *prevention.com/brittle-bones*.

FROM TOP LEFT: DAN SAELINGER/TRUNK ARCHIVE. ILLUSTRATION BY LAUREN NASSEF. DAVID MARCHAL/ISTOCK

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*These statements have not been evaluated by the Food and Drug administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

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8 SECRETS EVERY

Health Insurance Pro Knows

Calling your health insurance company is about as much fun as prepping for a colonoscopy. But it needn't be that bad. We actually got through to these people and asked how to make the whole process less frustrating. Here's what they divulged.

BY SARAH KLEIN ILLUSTRATIONS BY RYAN INZANA

1 Avoid calling us on Mondays. That's like trying to get through to the Butterball Turkey Talk-Line on Thanksgiving. Try Wednesday, Thursday, or early Friday.

2 Have your Summary of Benefits ready. There is also a big Evidence of Coverage document (that you may have to ask for) detailing your plan. Double-check what we say by asking for the section we're referring to.

3 Get out your insurance card, too. And if you're calling to see if an upcoming treatment will be covered, have the specific diagnostic



ALEX SLOBODKIN/GETTY IMAGES

LEARN OUR LANGUAGE

Insurance jargon is intimidating. Knowing it earns you respect from reps and helps us communicate with you. How fluent are you?

→ **Out-of-pocket max**

a) Point at which health care costs bankrupt you

b) Most you'll pay before your plan covers 100%

→ **Donut hole**

a) What reps are eating while talking with you

b) Gap in Medicare drug plan that leaves your costs uncovered

→ **Premium**

a) Type of health care service you'll never be able to afford

b) Amount you pay monthly or annually for insurance

→ ***Magandang araw!***

a) Your made-up lyrics to the on-hold music you now cannot get out of your head

b) How to say *hello* in the Philippines, which is where your rep probably is

→ ***www.healthcare.gov/glossary***

a) Where you can report health insurance problems

b) Where you can find explanations of more jargon

Correct answers: all (b)



and procedural codes from your doctor. Try to prepare an activity for while you're on hold, too (tearing your hair out doesn't count).

4 **Ask for a nurse.** Many case managers at insurance companies are RNs. They can be more knowledgeable about medical issues and sometimes more sympathetic. We won't be offended if you ask (nicely) to be transferred to one.

5 **Don't pay until the amount you owe according to our Explanation of Benefits form matches your doctor's bill.** If it doesn't, call the doc's office first. Ask if they billed us correctly, and find out which codes were used. If they're



INSIDER'S TIP *IF WE PROMISE TO GET BACK TO YOU BY A CERTAIN DATE, PROACTIVELY NOTE ON YOUR CALENDAR TO FOLLOW UP THEN.*

DANIEL HURST PHOTOGRAPHY/GETTY IMAGES

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I WANT TO CATCH A COLD

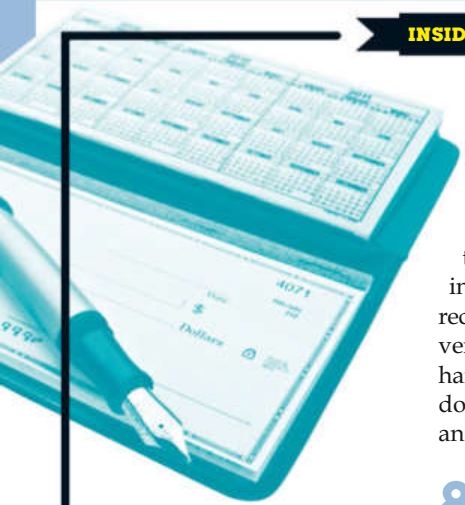
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right and you owe lots, negotiate with the medical advisor in the doctor's office. Tip: Don't insist the entire bill be waived; offer to pay 50 to 60%. At the very least, you may get better payment terms.

6 Set up a conference call. When calling on a parent's behalf, have Mom on the line so we can get her OK to speak with you. If you'll be doing this often, ask what forms we require for you to represent her.

7 Always get it in writing. If we're making an exception to coverage rules, get that agreement from us in writing. Unless you're recording the conversation, a verbal commitment is much harder, if not impossible, to document if you need to file an appeal.

8 Keep notes. Include the date and time of the call, whom you spoke with, and what we told you. Or ask to correspond via e-mail (if that's an option) so you automatically have a copy. You can also record "for quality assurance" just like we do. This will come in handy if you have to call back, since, sorry to say, not all issues are resolved in one phone call.

Our insiders: Teri Dreher, North Shore Patient Advocates; Scott Josephs, MD, Cigna; Dianne Savastano, Healthassist; Elisabeth Schuler Russell, Patient Navigator, LLC

KNOW WHAT YOU'RE BUYING

Fifty percent of people spend less than an hour deciding on their health insurance coverage, according to a recent poll. If you get yours through an employer, you're probably guilty of this. Be aware that choosing the plan with the lowest premium might not save you money. Don't blindly go with last year's choice, either; think about the type of care you'll need—say, therapy or Rx meds—and what it's likely to cost.



INSIDER'S TIP *BE POLITE, SAY THANK YOU, AND USE OUR FIRST NAMES. WE'RE HUMANS, TOO. IF YOU'RE SWEET, WE'RE MORE LIKELY TO GO THE EXTRA MILE FOR YOU.*

DNY59/GETTY IMAGES



Plan for your future.
Consider Medicare supplement insurance.

Did you know that Medicare only covers about 80% of Part B medical costs? That means the rest is up to you. But a standardized Medicare supplement insurance plan could help you save in out-of-pocket medical costs.

Call UnitedHealthcare Insurance Company to learn more.
As the insurer of the AARP® Medicare Supplement Plans, UnitedHealthcare Insurance Company offers a range of these plans to fit your needs and budget. And, these plans are the only Medicare supplement plans endorsed by AARP.*

*AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP or the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy form No. GRP 79171 GPS-1 (G-36000-4). In some states plans may be available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.

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PROBLEM SOLVED!

Awake at 3 AM

BY RICHARD LALIBERTE

The desperation of a sleepless night is familiar to up to half of all American adults. That's how many of us have trouble falling asleep, staying asleep, or feeling refreshed by sleep—all symptoms of insomnia. Women tend to have more trouble than men, especially after menopause (shocker, right?). Here's how to take back the night.

Start Here!

CONSISTENT SUNLIGHT

A happy bedtime starts at dawn.

Sunlight sets your body clock, which determines when sleep hormones like melatonin trigger a nighttime drift toward dreamland. Get up at the same time daily regardless of what day it is or how much you've slept. Then head outdoors for coffee or take a walk to get some sun within 1 hour of waking up.

60° to 67°F

Ideal nighttime thermostat setting for most people, according to the National Sleep Foundation. A cool room helps lower body temp—a precursor to falling asleep.



FRESH SHEETS

The smell of slumber.

About 75% of people say they sleep better when sheets have a fresh scent, according to a National Sleep Foundation poll. Wash linens weekly and freshen the mattress by laundering its cover in hot water, then sprinkling the mattress with baking soda and letting it sit several hours before vacuuming.

STEVE GORTON/GETTY IMAGES

75 to 90%

Proportion of people with chronic medical conditions like heartburn, arthritis, and heart disease who also experience insomnia

SMART BEDTIME SNACK

It's all about mixing carbs and protein.

An hour before hitting the hay, eat a small bowl of low-sugar (less than 5 g) whole grain cereal with milk. Cereal's carbs boost sleep-inducing serotonin in the brain. Milk's tryptophan converts to serotonin, while its calcium and magnesium are calming.



A GOOD BOOK

For real now, let screens go dark.

Yep, this advice again: Avoid computers, phones, and tablets for an hour before bed. Light-emitting devices suppress sleep hormones and disturb deep sleep. People who read printed books before bed drop off faster and are sharper the next day.

ONLINE THERAPY

Sleep doc sessions.

The SHUTi (Sleep Healthy Using the Internet) program induces sleep 40% faster and cuts wee-hour wake time by 55% after six 45-minute sessions (not done near bedtime). Costs start at $135 for 16 weeks at *shuti.me*. Similar programs are at *sleepio.com* and *cbtforinsomnia.com*.

LORI ANDREWS/GETTY IMAGES





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YOGA + WALKS

Moves that help you rest better.

Studies show the deep breathing and meditation of yoga facilitate sleep. Actually, any moderate exercise, including simple walking, done for 30 minutes 5 days per week promotes sounder sleep.

SLEEP LIGHTS

Visual triggers.

The Good Night bulb ($70) filters out blue light that suppresses the sleep hormone melatonin. Use it in your bedroom instead of conventional bulbs. Or try the Drift Light ($29), which slowly dims over 37 minutes, mimicking the setting sun, when you flick your light switch twice. Both can help strengthen your body's sleep patterns.





MELATONIN

Nod-off nudge.

Taking a melatonin supplement may help you fall asleep and improve overall sleep quality. Research is lacking on dosage and long-term effects, though, so check with your doctor. Start with low doses—1 to 3 mg, max—an hour before bedtime, ideally for no more than a few weeks.

MEDICATION

Fast, temporary help.

Docs often prescribe drugs, such as Ambien, Lunesta, and Sonata, that target sleep hormone receptors. The newest drug, Belsomra, inhibits the wakefulness brain chemical orexin. Meds don't usually correct root causes, though.

COURTESY OF SAFFRON

Sources: Rafael Pelayo, MD, clinical professor of psychiatry and behavioral sciences at the Stanford University Center for Sleep Sciences and Medicine; Kyle Schwab, MD, medical director of the Sleep Clinic at Woman's Hospital and the Louisiana Sleep Foundation, Baton Rouge, LA

The inside story on detoxification.

Glutathione. It's inside every cell in your body and an essential molecule that protects cells from the damaging effects of oxidative stress and toxins.* Setria® Glutathione can help replenish the body's reserves that may be depleted as a result of poor diet, stress, pollution and even the natural aging process.* Setria is also pure, vegetarian and allergen-free. So, make sure you look for supplements formulated with Setria.*



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Nutrition

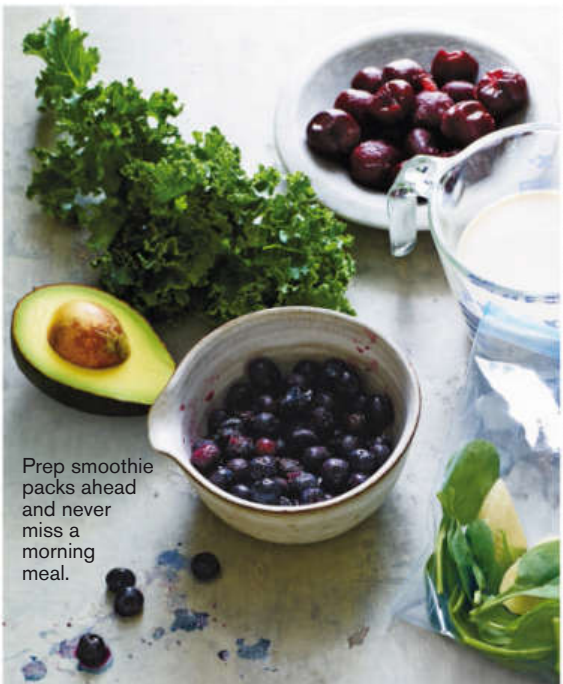
BREAKFAST WINS AGAIN • STRESS-EATING SOLUTIONS

Why You Should Eat Bread…For Dessert

'Tis the season for breaking bread, but for the sake of your waistline, consider eating it post-turkey. A new study in *Diabetes Care* found that participants' blood sugar was on average 30% lower when they ate a roll *after* a meal of chicken, veggies, and salad instead of before it. Researchers speculate that the conversion of carbs (all carbs, not just bread) to sugar is slowed when other foods are consumed first. This helps quash the blood sugar spikes that lead to cravings and overeating later—which you probably know a thing or two about at the holidays.

It's not just about what you eat–it's about when. A *post*dinner roll can help prevent overeating and weight gain.

PHOTOGRAPH BY PHILIP FICKS; FOOD STYLING BY KHALIL HYMORE; PROP STYLING BY CARLA GONZALEZ-HART



Prep smoothie packs ahead and never miss a morning meal.

The New Case for Doing Breakfast Every Day

You dutifully drink your smoothie or scramble an egg or two, so what's wrong with skipping breakfast now and then if you just don't have time? A few things, as it turns out. A study in the journal *Obesity* compared the effects of skipping breakfast on women who always eat in the AM and those who never do. Surprisingly, the cons—higher insulin levels and a greater appetite for lunch—were more evident in the breakfast eaters, as their bodies weren't accustomed to veering from their routine. Truly time-strapped? Freeze your blendable ingredients in zip-top bags for faster morning smoothies.

Meet the Food That's Even Worse Than Sugar

Soybean oil may have stolen sugar's worst-food-ever crown. A new study in *PLOS ONE* found that mice consuming a diet of 40% fat from soybean oil fared far worse—more insulin resistance, more weight gain, and fattier livers—than mice fed a diet with coconut oil or mice fed a version of the diets with added sugar (fructose). Researchers aren't sure why, but some studies link diets high in omega-6 fats—abundant in soybean oil—to increased appetite, weight, and inflammation. The fix: Limit packaged foods and eat plenty of omega-3–rich foods, like salmon, to balance out your omega-6 intake.



FROM LEFT: PHOTOGRAPH BY PHILIP FICKS; FOOD STYLING BY KHALIL HYMORE; PROP STYLING BY CARLA GONZALEZ-HART. MAXIMILIAN STOCK LTD./GETTY IMAGES

THIS HOLIDAY SEASON LOWER THE SUGARS... NOT THE *Sweet*

HOLIDAY YAMS

Serves: 8

INGREDIENTS:

- 6 cups peeled yams, cut into 1/2" to 1" cubes
- 4 tbsp butter, melted
- 1/2 tsp salt
- 1/8 tsp pepper
- 4 packets SweetLeaf® Organic Stevia
- 1/2 tsp cinnamon

Calories per serving: 240

DIRECTIONS:

Preheat oven to 350° F.

Toss the cubed yams and melted butter together and spread the coated cubes onto a parchment-lined cookie or baking sheet. Then season yams with the salt, pepper, SweetLeaf Organic Stevia, and cinnamon.

Bake for 35 minutes or until yams are cooked through and slightly caramelized.



ZERO carbs ✎ ZERO calories ✎ NO artificial ingredients ✎ NON-glycemic response ✎ QAI-certified

For more delicious holiday recipes visit: **www.SweetLeaf.com**

BUY: www.ShopSweetLeaf.com and in your natural foods or grocery store



Clementines are a sweet, seasonal solution to a case of the mindless munchies.

4 Proven Ways to Fight Stress Eating

Ever wind up with a mouthful of kettle corn and no idea how it got there? Try these four mindful tricks to break the cycle.

1. EAT A CLEMENTINE instead of a cookie. The simple act of peeling a clementine can serve as a meditative moment, bringing you into the present and out of your busy head. Plus, the smell of citrus has actually been shown to be calming.

2. POP YOUR CLOTHES IN THE DRYER. Wrap yourself in a robe right out of the dryer when you're feeling frazzled. Not only is it comfy and relaxing, but research also shows that we eat less when our body temp is a bit warmer.

3. HACK YOUR LUNCH. To avoid mindlessly downing your lunch while responding to e-mails, eat with your nondominant hand. You're not used to it, so you're forced to be more mindful, which can help you eat as much as 30% less food.

4. DITCH YOUR SHOES AT THE DOOR. Many of us are prone to stress eating when we get home from work. Try taking off your shoes and thinking *I leave my troubles at the door* or immediately changing into comfortable clothes.

SAM HURD PHOTOGRAPHY/STOCKSY



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While many factors affect heart disease, diets low in saturated fat and cholesterol may reduce the risk of heart disease.

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Discover inspiring and transformative ways to make you and your health a priority in the new year at **Prevention's R3 Summit**.

Date: January 15-16, 2016
Location: ACL LIVE at the Moody Theater, Austin, TX

Celebrity meets science at the R3 Summit where thought-provoking and breakthrough topics in health & wellness take center stage. A sneak peek of the latest lineup:

Travis Stork, MD and **Jennifer Ashton, MD** of the Emmy-nominated show *The Doctors*, provide the roadmap to your healthiest year ever as R3 headliners!

Top Chef Masters' alum **Monica Pope**, creates an inventive multi-course menu for Friday night's opening reception and dinner.

Sex Doctor to the rescue, **Lauren Streicher, MD**, answers your most burning questions about sexual health.

A leader in the fields of nutrition and fitness, **Wendy Bazilian, DrPH, RD,** takes on eating clean in a dirty world.

New York Times best selling author and former Global Healthy Eating Chef for Whole Foods Market **Chef Chad Sarno,** shares his foundational cooking techniques to kickstart your health, starting in the kitchen.

Celebrity Personal Trainer **Larysa DiDio**, leads Fit in 10, a groundbreaking workout that maximizes results in only 10 minutes a day.

More speakers to be announced!


Travis Stork, MD


Jennifer Ashton, MD


Chef Monica Pope


Lauren Streicher, MD


Wendy Bazilian, RD


Chef Chad Sarno


Larysa DiDio
Celebrity Trainer

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Visit **prevention.com/r3** to purchase tickets & find event updates

Stand Up To Cancer is a program of the Entertainment Industry Foundation, a 501(c)(3) organization.

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TURKEY TIPS • PUMPKIN RECIPES • LABEL DECODER

Meet the Best New Snack for Weight Loss

What, you've never heard of tiger nuts? JK, most people haven't. These small, slightly chewy tubers (yes, like potatoes) pack a mild nutty-vanilla flavor and a big slimming punch. They're high in resistant starch, a fiber that passes through the small intestine undigested, stabilizing blood sugar and keeping you full longer than other foods equal in calories. Buy raw or try horchata, a drink made from tiger nuts and water. We like **Organic Gemini**—or you can make your own!



Head to *prevention.com/horchata* for a three-ingredient recipe for this tiger nut drink.

PHOTOGRAPH BY PHILIP FICKS; FOOD STYLING BY KHALIL HYMORE; PROP STYLING BY CARLA GONZALEZ-HART

EAT CLEAN, STAY LEAN

Let's Talk TURKEY

Thanksgiving wouldn't be the same without it. But funky flavorings and antibiotics are nothing to be grateful for, so pick a bird with only the good stuff.



✶

NOT CLEAN

CONVENTIONAL TURKEY WITH ADDED SODIUM

Some store-bought frozen turkeys are injected with a solution of preservatives, sodium, coloring ingredients, and/or artificial flavors, which can negatively impact your blood pressure.



✶✶

CLEAN

CONVENTIONAL NATURAL TURKEY

No added sodium or flavorings here, but these birds may still have been given antibiotics; fed a diet of nonorganic, potentially pesticide-filled feed; or raised in cramped cages that allow little natural movement.



✶✶✶

CLEANEST

ORGANIC NATURAL TURKEY

Organic means no antibiotics or pesticides, while *natural* means your turkey wasn't injected with sodium or flavors. Pastured turkeys—allowed to roam outdoors—are even better; find them at local farms.

COCONUT AMINOS
['kō-kə-nət ə-'mē-nōs]

These amino acids are derived from coconut tree sap, aged, and blended with sea salt. Producers are now bottling the stuff as a condiment that has all the sushi-dipping potential of soy sauce (we're talking serious umami flavor) but without any soy or gluten, so it's great for Paleo dieters and people with allergies. It also has one-third less sodium than soy sauce and no GMOs. We like Coconut Secret Organic Coconut Aminos ($5.50).



FROM TOP (LEFT TO RIGHT): LISA HUBBARD/GETTY IMAGES. ZABERT SANDMANN VERLAG/STOCKFOOD. MAREN CARUSO/GETTY IMAGES. RG&B IMAGES/STOCKSY

NIA114™
TECHNOLOGY

YOU'RE ONLY AS YOUNG AS YOUR NECK.

Only the **#1 neck cream**† would challenge itself to deliver even more dramatic, clinically proven results—and succeed. Powered by NIA-114 and Gravitite-CF Lifting Complex™, **StriVectin TL Advanced™ Tightening Neck Cream** improves skin elasticity for a beautifully contoured and youthful looking profile.

96% felt tighter skin*
96% saw improved firmness*
89% saw significant lift*



†Source: The NPD Group, Inc. / BeautyTrends®, U.S. Retail Dollar Sales
*Based on consumer evaluation at 12 weeks of use

StriVectin®

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DINNER TONIGHT

Pumpkin Three Simple Ways

Enjoy the delicious seasonal squash with three surprising recipes lower in calories than traditional alternatives. All serve 4.

1. Pumpkin Pudding In saucepan, cook 2 cups **1% milk**, ½ cup **sugar**, 2 **eggs**, 3 Tbsp **cornstarch**, and ¼ tsp **kosher salt**, whisking over medium-high heat until thickened, 8 to 10 minutes. Reduce heat to low; cook, whisking, 1 minute. Whisk in 1 cup **pureed pumpkin**, 1 tsp **vanilla extract**, and ¼ tsp **cinnamon**. Pour through mesh sieve in bowl. Refrigerate, covered, 3 hours. Whisk before serving.

2. Pumpkin Pasta Cook ½ lb **whole grain spaghetti**; drain, reserving ½ cup water. In skillet, heat 2 Tbsp **olive oil** over medium-high heat. Cook 2 cups **diced pumpkin**; 1 **onion, diced**; and 1 clove **garlic, sliced**, until onion is tender and pumpkin browns, 6 minutes. Add 1 pt **cherry tomatoes**, 1 cup **edamame**, and ¼ cup pasta water. Cook until tomatoes burst, about 5 minutes. Add pasta and 1 Tbsp **chopped fresh oregano**. Cook, tossing, adding more water if needed, about 2 minutes. Serve with **toasted pine nuts** and **pecorino cheese**.

3. Pumpkin Fries & Spicy Ketchup Peel and seed 1 sm (2 to 3 lb) **pumpkin**. Slice into ¼"-thick sticks. Toss in bowl with 1 Tbsp **olive oil** and 1 tsp **curry powder**. Arrange on oiled baking sheet and roast at 425°F until browned and crisp, about 15 minutes. Mix ¼ cup **ketchup** with 2 Tbsp **hot sauce**. Salt fries to taste and serve with spicy ketchup.

PHOTOGRAPH BY PHILIP FICKS; FOOD STYLING BY KHALIL HYMORE; PROP STYLING BY CARLA GONZALEZ-HART

BREAKTHROUGH SCIENCE FOR AN AGELESS NECK

*Discover the #1 selling neck cream**



The Importance of Neck Care
As we age, elastic tissue degenerates, causing loose, sagging skin around the neck and jawline. StriVectin's TL Advanced Tightening Neck Cream goes beyond your usual moisturizer to target these specific concerns of the neck area.

How it Works
Breakthrough Gravitite-CF Lifting Complex™ contains a powerful blend of technologically advanced ingredients to improve skin elasticity, providing the appearance of visible lift. Over time, the visible effects of gravity appear to be reversed, for a tighter, more defined-looking profile.



ACHIEVE MAXIMUM BENEFITS

When it comes to application, it's all about the motion. For best results, apply TL Advanced Neck Cream in an upwards direction to optimize visible tightening and lifting benefits.

*Source: The NPD Group, Inc. / BeautyTrends®, U.S. Retail Dollar Sales

REAL WOMEN, REAL RESULTS



"TL Advanced visibly lifted and tightened my neck. I trust this product - I have the results to show."
Nycki, 41



"My biggest concern is loss of elasticity in my skin, and this neck cream is the one thing I use daily. It just makes my neck feel young and beautiful."
Trudy, 54



"Best invention ever. I have seen such a tremendous difference. My neck area looks firmer, smoother, younger. Amazing product."
Allene, 64

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COOL TOOL!

Never Toss Veggies Again

SAD BUT TRUE: Organic produce spoils faster than the conventional stuff does. How to keep fruits and vegetables fresher longer and avoid tossing that $5 bundle of kale too soon? **OXO GreenSaver Produce Keepers** ($15 to $25, depending on size) put the crisper drawer to shame. The lids of these toxin-free plastic produce bins contain a packet of activated carbon, which is completely safe and traps the naturally occurring, spoilage-speeding ethylene gas given off by fruits and veggies. We tried it, and our normally wilted-within-5-days greens kept for well over a week.

FROM TOP: COURTESY OF OXO; KIM KANG

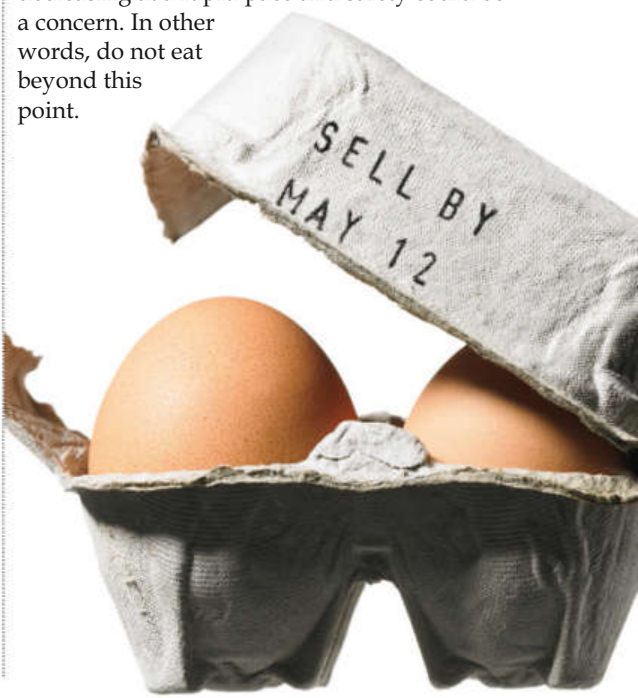
Expired? Maybe Not.

Skip the sniff test. Here's the only guide you need to decode those confusing "sell by," "best by," and "use by" dates to determine if those eggs will live to see a morning omelet.

SELL BY The date retailers should sell or remove the product from the shelf. Typically, this indicates when a product is two-thirds of the way through its shelf life, so there's still plenty of time for you to use it.

BEST BY The date at which quality starts declining, although the food might still be safe to eat.

USE BY The date when the product quality begins decreasing at a rapid pace and safety could be a concern. In other words, do not eat beyond this point.



"My Gut Knew What I Really Needed"

If it weren't for her stomachaches, Kara Martin Snyder never would have ended the career that was killing her. Shedding stress got her life back.

BY ELIZABETH SHIMER BOWERS
PHOTOGRAPHS BY JARED LEEDS





Snyder now finds stress solutions for others.

The moment I knew I had to make a change I was running late for a flight after a stint with a difficult client. As I sprinted to the gate, I felt my bowels rumbling. I had to make a choice: use the bathroom in the terminal and risk the flight door closing, or try to make it to the plane. I chose the latter and lost, literally. My bowels let go in front of a bunch of business travelers. Look up *shame* in the dictionary, and you might find a picture of me.

That was 14 years ago, and at the time, I thought I had it made. I was the youngest accountant in my department, flying all over the country on a moment's notice for high-profile bankruptcy cases. But the job involved working long hours—often 80 to 100 hours per week—and my stomach wasn't cooperating with my high-powered career.



Stress management never looked so peaceful.

I'd read that stress could exacerbate digestive issues, so I left my firm for a job with less travel, but after another accident on the street outside my office, I'd officially had it. A 20-something woman should not be sh*tting her pants!

"Sounds like IBS" was all my doc said before handing me a stack of prescriptions. I was frustrated because I knew that I needed to treat the cause, not just the symptoms. My gut was a noisy, chaotic place, but I still had to trust it. I threw the prescriptions in the trash.

First, I took a hard look at my diet—out went all the processed junk and in came fresher, cleaner options. But it was finding the right exercise that allowed me to finally take control of my stress.

When I'd worked out in the past, I had always been running, but it was hard on my body. I decided to try Pilates and loved that it offered me a gentler way to train. The notion of gaining so much by doing less with more intention trickled into everything I did: It was a paradigm shift. I began training to be an apprentice teacher, and by the time I graduated, my IBS symptoms were gone and I'd dropped 20 pounds. These days, to manage stress more effectively, daily meditation is a priority—and even better when it's by the stream in my backyard.

Today I make a living as a health coach, helping frazzled, type-A women like my former self live happier, healthier lives. But I never would have done any of it if I hadn't finally stopped and listened to what my troubled gut had been telling me to do all along.

HAIR AND MAKEUP BY HILARY WARNER

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– Ron B.

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Sitting for long periods can also cause leg cramps. Plan ahead for traveling this holiday! **TIP**



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by tipsntrends



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Fitness

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The Easy Way to Keep Your Muscles

This time of year, the "lose weight!" goal may not be top of mind, but a new study confirms you can't afford to play workout hooky: Exchanging exercise for couch time can amount to significant loss of strength in just 2 weeks. Active older adults who became sedentary lost 25% of their strength in that short period, making them more prone to injury and, because of less muscle mass, weight gain. Fortunately, it doesn't take much to safeguard what you have. Other research suggests at least one strength-training session per week can help prevent muscle loss. You can do that! To make it easier, keep dumbbells or resistance bands in your office or at home.

Sources: Journal of Rehabilitation Medicine; *research from the University of Alabama at Birmingham*

Stay strong this season! Flip to p. 70 for a 10-minute travel-friendly toning routine.

CULTURA RM/SVERRE HAUGLAND/GETTY IMAGES

Don't see your size? Go to prevention.com/sportsbras for more picks for every body!

The Best Sports Bras for Busty Exercisers

If bounce has you bypassing workouts, well, join the club. Breast discomfort ranked among the top exercise barriers for women in a new study. Strap in and get back out there with these tester-approved picks.

1 Cooling Comfort

Lane Bryant Molded Underwire Sport Bra. The supportive underwire keeps things separated and jiggle-free. One 42DD tester said, "I can move without my boobs getting in the way; no more sweaty uniboob!" *$44–$54, sizes 36C–48DD*

2 Back-Smoothing Support

Enell Sport. This underwire-free (and struggle-free) winner with a front clasp holds up to activity without creating back bulge. One 34G tester said, "It provides the support I need for interval training or yoga." *$64–$66, sizes 32C–52G*

3 Maximum Control

Moving Comfort Juno. The adjustable straps keep weight off your shoulders and help reduce bounce. One 32DD tester said, "I love the racer-back style; it kept the girls in check during both hiking and running." *$36–$60, sizes 30C–40DD*

4 No-Slip Style

Panache Sports Bra. This is the go-to pick for more petite figures with ample cup sizes. A 32DD tester said, "This bra has a great look and fit; the wide straps and band kept me in place during all of my walks and runs." *$68, sizes 28B–40J*



FROM TOP: MITCH MANDEL (4); WESTEND61 GMBH/ALAMY



60 MINUTES

Men and women ages 60 to 64 who walked for this long each week (yep, just an hour) were happier than those who didn't exercise at all. How's that for a quick fix?

Source: American Journal of Preventive Medicine

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9 of 10 WOMEN SAID THEIR BLADDER LEAKAGE WAS REDUCED OR STOPPED.





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Try 'em now! For smoothie and bar recipes, go to prevention.com/plantprotein.

Move Over, Greek Yogurt

Avoiding dairy? Tap the muscle-building, hunger-taming power of protein with these plant-based superstars.



MICROALGAE (SPIRULINA, CHLORELLA) These microplants are rich in B vitamins, calcium, iron, magnesium, and potassium. **Protein content** About 8 g in 2 tablespoons. **Find them in** supplements, powders, and protein bars. **Use them to make** smoothies; add mint or coconut to disguise the green flavor.



QUINOA Everyone's favorite gluten-free seed is low-fat, cholesterol-free, and a good source of iron and fiber. **Protein content** About 8 g in 1 cup (cooked). **Find it in** the bulk aisle and in cereals, pastas, breads, and more. **Use it to make** everything from a hot breakfast cereal to baked goods.



PULSES Beans, peas, and lentils are great sources of fiber, B vitamins, and iron. **Protein content** About 8 to 12 g per ½-cup serving. **Find them in** the bulk aisle and in pastas, breads, crackers, and more. **Use them to make** everything from soups to salads to homemade energy bars.

Source: Institute of Food Technologists

FROM TOP: GETTY IMAGES; MAGONE. EDNAM. STOCKFOOD: PETER REES. GREG RANNELLS PHOTOGRAPHY

DRINK THIS, GO LONGER

Bring a bottle of beet juice on your next workout. New research shows that drinking about one glass daily may make exercise feel easier. Nitrates in beets lower blood pressure, which means your heart doesn't have to work as hard to pump energy-boosting blood and oxygen to muscles.

Source: American Journal of Physiology—Regulatory, Integrative and Comparative Physiology



If you're on aspirin heart therapy, switching your pain reliever to TYLENOL® may be a good idea.



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10 MINUTES TO
A Sculpted Seat

This knee-friendly butt booster from trainer Larysa DiDio will lift and tighten your glutes without a single squat, lunge, or interval. All you need is a resistance-band loop, a chair, and 10 minutes.



How to do it: Perform each exercise for 30 seconds on each side (60 seconds total), resting for 15 seconds after each exercise. Repeat the entire circuit twice.

1 GLUTE SQUEEZE

Targets: Butt, hamstrings, quads, lower back

Stand holding on to back of chair, loop around ankles. Bend left knee slightly and extend right leg behind you. Raise right leg, squeezing through butt. Lower and repeat for 15 seconds. Then, holding leg at top of range of motion, pulse faster for 15 seconds. Repeat with left leg.

2 KICKBACK

Targets: Butt, hamstrings, quads, lower back

Stand holding on to back of chair, loop around left ankle and right foot. Bring right knee toward chest, then extend right leg back behind you. Slowly repeat for 15 seconds. Then, extend leg and pulse at top of range of motion for 15 seconds, squeezing butt harder. Repeat with left leg.



PHOTOGRAPHS BY MITCH MANDEL; HAIR AND MAKEUP BY THE SIMONGROUPSTYLISTS.COM

3 CROSSOVER LIFT

Targets: Quads, outer thighs, lower back

Stand holding on to back of chair, loop around ankles. Bend left knee slightly and cross right leg behind left leg, right toes on floor with heel lifted. Keeping right leg straight, lift it up and out to right. Lower and repeat for 15 seconds. Then, holding leg at top of range of motion, pulse leg up and out to right for 15 seconds. Repeat with left leg.



EXPERT TIP
Focus on engaging butt and outer thigh.



EXPERT TIP
Keep knee bent; lift from glutes and outer thigh.

4 TUSH TONER

Targets: Quads, butt, outer thighs, lower back

Stand holding on to back of chair, loop around ankles. Bend right knee about 90 degrees, keeping ankle in line with knee and foot flexed. Lift right leg out to side until thigh is almost parallel to floor. Lower, then repeat for 15 seconds. Holding leg at top of range of motion, pulse for 15 seconds. Repeat with left leg.



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Beauty

BRIGHTER EYES • SMART BUYS • ACNE INTEL



This Is the One Lip Color You Need after 40

Your goal: rosy lips that don't look obviously made-up. And you're not the only one—this look is the No. 1 makeup desire for women 40 and older, per a recent poll. The hitch is that finding the right shade can be tougher than resurrecting a head of hat hair. Makeup artist Rose-Marie Swift clued us in on the supersubtle hue that flatters every complexion: dusty rose with a hint of wine. "It gives a hit of contrast so your face isn't washed out, and mimics the youthful color you had as a child in a way pinks, reds, and nudes can't do," she says. We'll be wearing it year-round (not that you'll be able to tell).

Source: The Benchmarking Company

Get the effect with RMS Beauty Lip2cheek in Illusive ($36, shown here; go to *shop.prevention.com*) or Revlon ColorBurst Matte Balm in Fiery ($9).

MITCH MANDEL



New Eye Anti-Agers That Defy Biology

We've been squawking about crow's-feet for years. Finally, here are some groundbreaking new wrinkle fighters.

THE BIG GUN

Tria Age-Defying Eye Wrinkle Correcting Laser ($249) is the only FDA-cleared device offering the same technology used in derm offices to kick-start skin-tightening collagen growth. **Tester says:** "I got smoother skin after a single week of nightly use."

THE QUICK FIX

RoC Smooth Perfexion Instant Line Corrector ($23) uses a copper-zinc combo to generate (imperceptible) bio-electricity that spurs cellular activity. **Tester says:** "It softens skin right off the bat; after 9 days, wrinkles are fainter."



2% The approximate amount of active ingredient your cleanser actually leaves on your face, according to a new study. So find any cleanser—low price point is fine—that doesn't dry out or irritate your skin, says study author Mark A. Davies, and save your big bucks for leave-on products such as creams and serums.

Source: International Journal of Cosmetic Science

FROM TOP: VERONIQUE BERANGER/GETTY IMAGES; DAVIES AND STARR/GETTY IMAGES

Kirsten's story

New help for your hair

"Hair Volume exceeded my hopes"



Kirsten is 74 and has always been passionate about her hair: "I worked as a hairdresser all my life. When I was young, I was interested in fashion and beauty – Now it is important to me that my hair is set nicely and looks healthy."

I tried Hair Volume

"Recently, I read about Hair Volume and I was impressed with the person's story. I needed a supplement that could help my hair, and this new one seemed interesting. At my local pharmacy, the shop assistant was very enthusiastic about the tablets, telling me of her many happy customers. I was full of expectation."

I recommended these tablets to everyone

"Now, after 3 months of taking Hair Volume, I am convinced. My hair appears healthier, stronger and full of life. I also noticed a difference in both my skin and my nails. I now recommend Hair Volume to everyone", smiles Kirsten.



YOUR HAIR TABLET

Hair Volume™ is a Swedish hair tablet that helps nourish your hair from the inside to make it healthy and beautiful. Unlike other tablets on the market, it contains procyanidin B2 (promoting hair follicle activity), in addition to biotin and other hair, nail and skin nutrients.



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2 Surprising Ways to Keep **Your Skin Plump This Winter**

Ah, sweater weather, the cue for skin to become reptilian. To fight it, forget tepid showers; here are some innovative alternatives.

Suds up with vegetables

A new study found that shower gels with high levels of veggie oils hydrate skin better than those without. We like **Yes to Carrots Nourishing Body Wash** ($9), which contains antioxidant carrot seed oil.

Smooth on seaweed

The species *Saccharina japonica* moisturizes better than hydrating powerhouse hyaluronic acid, says a study in the *International Journal of Biological Macromolecules*. Find this seaweed variety in **Lorac CC Cream** ($30).



FROM TOP: PIXITIVE/GETTY IMAGES. ILLUSTRATION BY JESSICA KUSUMA. EMEL YENIGELEN/GETTY IMAGES

Is This Supplement Making You Break Out?

New research reveals that high levels of vitamin B12 in your blood may rewire the genes of the *P. acnes* bacteria (yep, that's a thing) to pump out more inflammatory molecules and fuel a crop of zits. The vitamin had this effect on 1 in 10 study subjects who started with acne-free skin. If you have a suspicion your daily dose might be wreaking havoc on your complexion and your doc hasn't prescribed B12 supplements for a deficiency, try going off them for a spell to see if things clear up.

Source: Science Translational Medicine




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ANDREAS KUEHN/GETTY IMAGES

BEAUTY SOLUTIONS

At-Home Hair Color Just Got 9 Times Easier

Say good-bye to messy kits and mousy color: New advances make everything that used to bug you about at-home dye jobs moot. Behold, your top gripes—solved.

BY ALEXANDRA DURON



1

I LIKED DEMIPERMANENT HAIR COLORS, BUT WHEN I STARTED GOING GRAY, I HAD TO SWITCH TO PERMANENT FOR THE COVERAGE I NEEDED.

THE FIX You're right: Demipermanent color isn't designed to fully cover grays. Because it has little to no peroxide, it can't open the hair cuticle to deposit pigment, explains Kari Hill, celebrity colorist at Mèche Salon in Los Angeles. However, you can mimic the glossy finish of demipermanent with **Garnier Olia Oil Powered Permanent Haircolor** ($10), which contains zero ammonia and natural flower oils for coverage and shine. It leaves hair feeling like never-colored "virgin" hair, says Kyle White, lead colorist at Oscar Blandi Salon in New York City.

RYAN OLSZEWSKI

2
I'm an African American woman with relaxed, textured hair and can't figure out the best way to color my grays.

THE FIX Coarse, dry hair doesn't take color very well, so it requires a little extra pampering. The best times to tint: either before relaxing treatments or a few days afterward. Avoid the stronger formulas, suggests Jeffrey Pearce, a New York City–based colorist, especially when you get your hair relaxed. He recommends a low-ammonia, low-peroxide product such as **Clairol Natural Instincts** ($9), with a blend of moisturizing ingredients for gentler—albeit less complete—coverage. To help your dye stick to those color-resistant grays, add a few drops of **Ardell Gray Magic Color Additive** ($6) to your formula. When applying the dye, place the color only on your roots and avoid pulling it all the way through, since your hair is prone to parching, advises Pearce.

3 DIY scares me. I don't want that flat, one-color hair.

THE FIX "You don't want hair color to be uniform," says James Corbett of James Corbett Studio in NYC. "It gets too heavy." Natural hair is a bit lighter at the ends than at the roots, and that's the look you want. For touch-ups, don't pull the color all the way from the roots to the ends. Ends are more porous, so they take in color faster, and since they're already dyed, they'll get darker the more you overlap. When ends need touching up, pull the formula through but leave it on for 1 to 5 minutes, depending on how faded they are. Hill suggests doing this every two or three sessions if you're coloring every 3 to 4 weeks.



4 MY GRAY COLORS DIFFERENTLY FROM THE REST OF MY HAIR; IT'S LIGHTER.

THE FIX Instead of struggling to get an allover even tone, take advantage of what are essentially built-in highlights. **L'Oréal Paris Excellence Age Perfect** ($9) treats grays differently from naturally pigmented hair, depositing a layered tone. The result: a natural look that lasts longer.

5

I WANT MY COLORING TO BE AS CHEMICAL-FREE AS POSSIBLE.



THE FIX Look for an ammonia-free formula such as **Naturtint** ($18) and use it every other dye job. It may not give you full coverage like a formula with ammonia and peroxide, but it will keep things hidden in between, meaning you can cut your chemical exposure by 50%. For root touch-ups, **L'Oréal Paris Root Rescue** ($8) contains less ammonia than the average formula, says Hill. If it's just color-correcting and toning you're after, check out **eSalon Tinted Love Color Enhancing Treatment** ($12.50), which doesn't contain any ammonia or peroxide. And if you're fine with potentially lighter coverage, switch to a semipermanent dye, which is formulated without ammonia or peroxide. Though you risk simply tinting your grays, that can actually work in your favor. "The tinted gray hair can look like a subtle highlight," says Hill. "Gray can even become a bit golden." Another bonus: When the grays grow back, the difference will be much more subtle, so you may not need to recolor as often, saving you hassle (and big bucks!) in the long run.

6

I need to color every 3 weeks to keep up with my roots—and that's a lot of time, energy, and money.

THE FIX **An easy way to extend your color is with sprays and powders that temporarily conceal roots, like Color Wow Root Cover Up ($34.50) or Oribe Airbrush Root Touch-Up Spray ($29). For a longer-lasting fix, try L'Oréal Paris Superior Preference Mousse Absolue ($15) to eliminate the nuisance of mixing; color blending comes at the push of a button.**



Just a bit of Oribe Airbrush Root Touch-Up Spray ($29) or eSalon Tinted Love ($12.50) will help keep gray roots concealed.

MITCH MANDEL

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– Fran Drescher,
Actress, "The Nanny"

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I'm thinking of turning my reddish hair back to blonde to keep my gray camouflaged longer, but I can't pull the trigger.

THE FIX To make that transition, DIY a little bit each time you do your roots. Pick a half shade to a full shade lighter for every touch-up. When ends fade, use a semipermanent dye like **Clairol Natural Instincts** ($9) to refresh the blonde. Returning to a fairer hue suits a complexion that's paled, and it masks silver strands. The contrast between gray and blonde is less noticeable, too.

GRAEME MONTGOMERY/TRUNK ARCHIVE

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*among Maximum Large. Depend is a trademark of Kimberly-Clark Worldwide. †while supplies last.



I've been dyeing my hair black for more than 20 years, but now it just doesn't look right with my aging skin.

THE FIX Going too dark is a big mistake, particularly as you age, says White. Older skin is more sallow, without the glow that works with darker, more dramatic shades. So go lighter. Think of it this way: Your hair frames your face. The darker the frame, the more noticeable imperfections become. Lighten the frame, and age markers won't stand out as much, says White. Don't stray too far from your natural hair color for best results.

KSENIA32/GETTY IMAGES

9

I have thin hair, so if I'm not careful, harsh formulas will burn my scalp.

THE FIX Either you're allergic to something in the color or the peroxide content is causing the scorching sensation. Unfortunately, a higher level of peroxide is required to keep gray a secret, says Pearce. It helps kick-start the coloring process by lifting the hair cuticle and locking in the dye. Try adding 1 teaspoon of pure coconut oil like **Dr. Bronner's** ($12) to the formula to help curb the burn.



MITCH MANDEL

New Hues for You

1 L'Oréal Paris Excellence Age Perfect ($9) turns gray into lovely, layered highlights that look natural.

2 Clairol Natural Instincts ($9) has a low-chemical, moisturizing formula that's great for coarse, dry hair.

3 L'Oréal Paris Root Rescue ($8) provides hassle-free touch-ups in a pinch with less harsh ammonia.

4 Ardell Gray Magic Color Additive ($6) finds those stubborn grays; put a few drops in your favorite formula for a more even look.

5 Garnier Olia Oil Powered Permanent Hair Color ($10) provides coverage and shine with natural flower oils and zero ammonia.

6 L'Oréal Paris Superior Preference Mousse Absolue ($15) eliminates messy mixing when it's root touch-up time; simply squirt and shade.

7 Color Wow Root Cover Up ($34.50) delivers a quick hit of temporary color in seconds, wherever you need it.





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“The thing that is really hard, and really amazing, is giving up on being perfect and beginning the work of becoming yourself.”

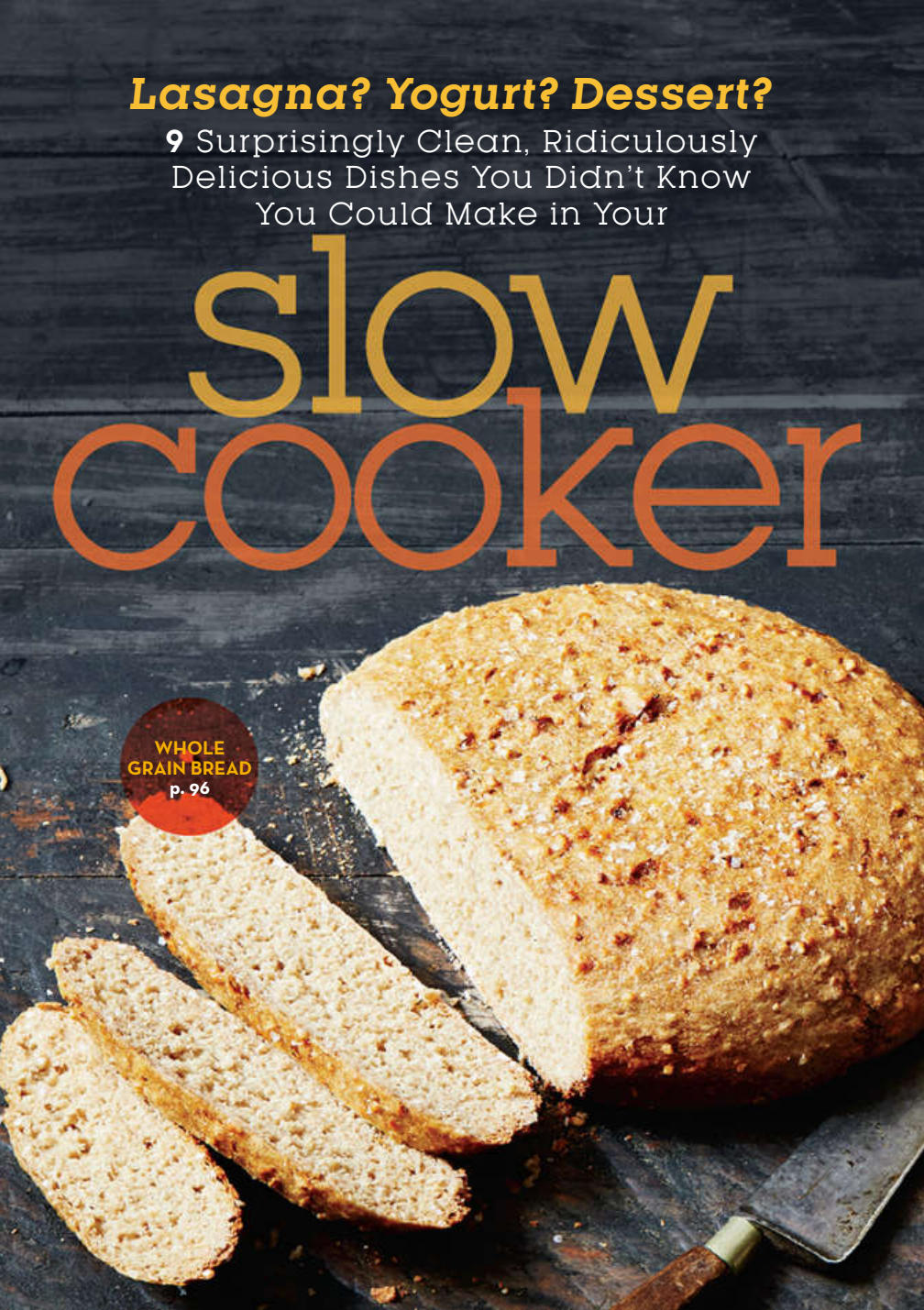
—Anna Quindlen

BORIS JOVANOVIC/ISTOCKSY

Lasagna? Yogurt? Dessert?

9 Surprisingly Clean, Ridiculously Delicious Dishes You Didn't Know You Could Make in Your

slow cooker





BY KHALIL HYMORE
PHOTOGRAPHS BY CHRISTOPHER TESTANI

CRANBERRY APPLE BUTTER
p. 97

Vegan Farro Risotto with Fennel, Peas & Greens

SERVES 6
PREP TIME: 10 minutes
TOTAL TIME: 3 hours 30 minutes

1 can (13.5 oz) light coconut milk
1 c pearled farro
½ c reduced-sodium vegetable broth
½ c dry white wine
½ sm yellow onion, diced
1 sm fennel bulb, diced
3 Tbsp olive oil
2 Tbsp chopped fresh thyme
1 tsp kosher salt
3 c trimmed and chopped dandelion greens
1 c frozen peas, thawed
¼ c finely chopped toasted walnuts

1. In 6-quart slow cooker, combine milk, farro, broth, wine, onion, fennel, oil, thyme, and salt.
2. Cover and cook on high until farro and vegetables are tender, 3 to 4 hours. Stir in greens and peas, cover, and continue cooking until greens are wilted, about 20 minutes. Serve topped with walnuts.

NUTRITION (per serving) 307 cal, 8 g pro, 38 g carb, 8 g fiber, 4 g sugars, 14 g fat, 4 g sat fat, 465 mg sodium



VEGAN FARRO RISOTTO WITH FENNEL, PEAS & GREENS

FOOD STYLING BY KHALIL HYMORE; PROP STYLING BY CARLA GONZALEZ-HART



Butternut Squash & Swiss Chard Lasagna

SERVES 6
PREP TIME: 20 minutes
TOTAL TIME: 3 hours 20 minutes

15 oz part-skim ricotta
1 lg egg
1 tsp kosher salt
½ tsp pepper
½ tsp nutmeg
4 c chopped Swiss chard (about 1 sm bunch)
1 can (28 oz) diced tomatoes, drained
9 lasagna noodles
1 sm butternut squash, peeled, sliced into ⅛" half-moons
1½ c grated Fontina
¼ c grated Parmesan

1. In bowl, combine ricotta, egg, salt, pepper, and nutmeg. Transfer ½ cup of the ricotta mix to large bowl and gently fold in chard. Set aside.
2. Coat 6-quart slow cooker with cooking spray. Spread ¾ cup of the tomatoes on bottom. Top with 3 noodles, breaking as needed to fit. Spread ½ cup of the ricotta mix over noodles, then layer in half of the chard mix. Layer half of the squash over chard mix, overlapping to fit. Spread 1 cup of the tomatoes over squash; top with ¾ cup of the Fontina. Repeat, beginning and ending with noodles, reserving some Fontina and ricotta mix for top.
3. Top with remaining ¾ cup tomatoes. Dollop remaining ricotta and Fontina over lasagna. Cover and cook on low 2½ to 3 hours.
4. Remove lid and sprinkle with Parmesan. Replace lid, turn off slow cooker, and let sit 15 minutes before serving.

NUTRITION (per serving) 388 cal, 23 g pro, 37 g carb, 3 g fiber, 7 g sugars, 16 g fat, 10 g sat fat, 1,035 mg sodium



CURRY SPICED NUTS

Curry Spiced Nuts

SERVES 20
PREP TIME: 5 minutes
TOTAL TIME: 1 hour 35 minutes

6 oz raw cashews
6 oz raw almonds
6 oz raw pecan halves
3 Tbsp coconut oil, melted
4 tsp curry powder
2 tsp honey
½ tsp garlic powder
½ tsp kosher salt
¼ tsp cayenne

Combine all ingredients in 6-quart slow cooker and stir to combine. Cover and cook on high, stirring occasionally, until golden and crisp, 1½ to 2 hours. Transfer to parchment-lined baking sheet and spread in even layer to cool and dry. Transfer to airtight container.

NUTRITION (per 1 oz serving) 180 cal, 4 g pro, 6 g carb, 2 g fiber, 2 g sugars, 16 g fat, 3.5 g sat fat, 50 mg sodium



Homemade Yogurt

SERVES 8 for regular, 4 for Greek
PREP TIME: 1 minute
TOTAL TIME: 3 hours + sitting/chilling time

½ gallon whole milk (not ultrapasteurized)
½ c plain low-fat yogurt

For regular yogurt: Add milk to 6-quart slow cooker. Cook on low 2½ hours. Turn cooker off. Cool, covered, until instant-read thermometer registers 110°F, about 3 hours. Whisk in yogurt, cover, and wrap cooker in towel. Set in warm place until yogurt thickens, 8 to 12 hours. Chill and serve. Refrigerate up to 30 days.
For Greek yogurt: Line fine-mesh sieve with 3 layers cheesecloth; set in large bowl. Transfer cooked yogurt to sieve. Let liquid whey drain until yogurt reaches desired thickness, at least 4 hours. (Save whey to use in smoothies.) Chill and serve.

NUTRITION (per 8 oz)
REGULAR: 158 cal, 8 g pro, 13 g carb, 0 g fiber, 13 g sugars, 8 g fat, 4.5 g sat fat, 116 mg sodium
GREEK: 220 cal, 20 g pro, 9 g carb, 0 g fiber, 9 g sugars, 11 g fat, 8 g sat fat, 65 mg sodium

Whole Grain Bread

SERVES 10
PREP TIME: 15 minutes
TOTAL TIME: 2 hours 20 minutes

2 tsp honey
1½ tsp active dry yeast
1½ c all-purpose flour
¾ c whole wheat flour
¾ c rye flour
⅓ c steel-cut oats
1 tsp kosher salt

1. Line 6-quart slow cooker with parchment and coat with cooking spray.
2. Stir honey and yeast with 1⅔ cups lukewarm water in small dish until yeast dissolves. Let stand 10 minutes; yeast should be bubbly and foamy.
3. Combine flours, oats, and salt in large bowl. Stir yeast mixture into dry ingredients until dough forms. Transfer to lightly floured surface and knead 3 or 4 times, until dough is cohesive and smooth. Form into ball.
4. Place dough in slow cooker, cover, and cook on high until instant-read thermometer inserted into center registers 200°F, 2 to 3 hours.
5. Position rack 6" from broiler and prepare broiler for high heat. Place bread under broiler until golden brown and crisp, about 2 minutes per side. Cool completely, slice, and serve.

NUTRITION (per serving)
150 cal, 5 g pro, 32 g carb, 3 g fiber, 1 g sugars, 1 g fat, 0 g sat fat, 193 mg sodium



APPLES: MIKKEL ADSBOL/STOCKFOOD

Cranberry Apple Butter

SERVES 48
PREP TIME: 10 minutes
TOTAL TIME: 5 hours 10 minutes

4 lb apples, peeled and diced
3 c (12 oz) fresh or frozen cranberries
1 c apple cider
½ c honey
2 tsp cinnamon
½ tsp cloves
½ tsp nutmeg

1. Combine all ingredients in 6-quart slow cooker. Cover and cook on high until apples are tender, about 4 hours.
2. Transfer to blender, or use immersion blender, and puree until smooth.
3. Transfer mixture back to slow cooker and continue cooking on high until thick and jamlike, 1 to 2 hours.
4. Store in airtight container up to 30 days in refrigerator.

NUTRITION (per 2 Tbsp) 36 cal, 0 g pro, 10 g carb, 1 g fiber, 8 g sugars, 0 g fat, 0 g sat fat, 1 mg sodium




ITALIAN
SAUSAGE &
BROCCOLI
RABE
STRATA

Italian Sausage & Broccoli Rabe Strata

SERVES 8
PREP TIME: 10 minutes
TOTAL TIME: 4 hours 10 minutes

1 sm loaf (8 oz) soft Italian whole wheat bread, cut into 1" cubes, left out overnight
4 cloves garlic, sliced
1 sm bunch broccoli rabe (about 8 oz), cut into 1" pieces
1 lb mild Italian turkey sausage (casing removed), crumbled
1 c coarsely grated Parmesan + extra for garnish
10 lg eggs
2 c 1% milk
¾ tsp kosher salt
½ tsp pepper

1. Line 6-quart slow cooker with foil, leaving generous overhang on all sides, and coat with cooking spray. Spread half of the bread in bottom and sprinkle with half of the garlic. Layer in half of the broccoli rabe and half of the sausage, followed by half of the Parmesan. Repeat layers once more.
2. In large bowl, whisk eggs, milk, salt, and pepper and pour evenly over ingredients in slow cooker. Using back of spoon, firmly press down on layers, submerging in egg mixture. Cover and cook on low until puffed and slightly firm to the touch, 3½ hours. Turn off slow cooker, remove lid, and let sit 30 minutes.
3. Using foil overhang, carefully remove strata from slow cooker and transfer to cutting board or platter. Slice into wedges and serve, garnishing with Parmesan if desired.

NUTRITION (per serving) 334 cal, 28 g pro, 18 g carb, 2 g fiber, 6 g sugars, 16.5 g fat, 4.5 g sat fat, 973 mg sodium

Pear & Cardamom Crisp

SERVES 8
PREP TIME: 15 minutes
TOTAL TIME: 3 hours 45 minutes

3 lb pears, chopped
1 tsp cardamom
1 tsp cinnamon
¾ tsp pepper
4 Tbsp all-purpose flour
1 c rolled oats
1 c pecans, chopped
¼ c dark brown sugar
¼ c cold unsalted butter, diced
¼ tsp kosher salt

1. In large bowl, stir pears, cardamom, cinnamon, pepper, and 2 Tbsp of the flour. Coat 6-quart slow cooker with cooking spray and add pear mixture.
2. In medium bowl, combine oats, pecans, sugar, butter, salt, and remaining 2 Tbsp flour and sprinkle over pears. Cover and cook on high until pears are tender, about 3 hours. Remove lid and cook on low until top is crisp, about 30 minutes.

NUTRITION (per serving) 316 cal, 4 g pro, 45 g carb, 8 g fiber, 24 g sugars, 16 g fat, 4 g sat fat, 65 mg sodium


PEAR &
CARDAMOM
CRISP
p. 99



Lemon Pudding Cake

SERVES 4
PREP TIME: 15 minutes
TOTAL TIME: 2 hours 15 minutes

½ c sugar + extra for dusting, if desired
¼ c all-purpose flour
¼ tsp kosher salt
2 lg eggs, separated
⅔ c plain low-fat yogurt
Juice and zest of 1 lg lemon
Fresh pomegranate arils and whipped cream, for serving

1. Butter and lightly sugar four 6 oz ramekins. Whisk sugar, flour, and salt in small bowl and set aside.
2. In mixer, combine egg yolks, yogurt, and lemon juice and zest. Beat on medium until well combined. Reduce speed to low. Slowly add dry ingredients until just combined.
3. In separate bowl, beat whites until stiff peaks form. Gently fold into batter.
4. Divide batter among ramekins. Arrange in 6-quart slow cooker. Add enough water to come halfway up sides of ramekins. Cover and cook on low about 2 hours, until cake springs back when pressed. Remove and cool slightly. Invert on plates. Serve with pomegranate and whipped cream.

NUTRITION (per serving)
216 cal, 6 g pro, 35 g carb, 0 g fiber, 28 g sugars, 6 g fat, 3 g sat fat, 185 mg sodium



YOUR BREAST CANCER RISK IS IN HER HANDS

Running scared and getting annual mammograms won't lower your odds of dying from breast cancer. Surgeon and scientist Laura Esserman is about to prove what will.



BY SARAH KLEIN
PHOTOGRAPHS BY JAMES ELLIOT BAILEY

BACKGROUND: CECILIA BAJIC/ISTOCK. PEACH DOT: ZAKHAROVA_NATALIA/ISTOCK. BLUE DOT: ART_OF_SUN/ISTOCK



MAMMOGRAMS AREN'T only failing to save lives, their false positives are marring women's health. Laura Esserman's 100,000-woman study will usher in a new era of reducing this over-diagnosis problem—and stopping the disease we fear most.



AT UCSF'S BREAST CARE CENTER, messages from Esserman's patients—of strength, hope, sadness, loss, acceptance, and love—line the walls.

THE WOMAN poised to fix America's breast cancer problem is sitting across a wrought-iron table from me talking about the time, years ago, that she realized mammograms were failing to save women from cancer. We're in Laura Esserman's lush San Francisco backyard garden and it's 9 AM on a Saturday—the only time she could find to talk this week. She's projecting calm, her hands wrapped cozily around a coffee cup—this despite the fact that she's in the final stages of launching a career-defining, history-rewriting study set to open its enrollment to 100,000 women in January. Should it confirm her controversial beliefs, she'll have the data she needs to change all our minds about the way we've been approaching mammograms—and make them the lifesaving screening tool they were always meant to be.

Esserman, a renowned breast surgeon at the University of California at San Francisco, has designed a new system of screening that will do what the current one has not: dramatically lower the number of women who die from breast cancer. She wants to do away with the blanket mammogram guidelines that we regard, falsely, as our savior from disease. She sees current guidelines as not only ineffective and irrelevant, but actually damaging to women's lives. She is ready

> “40,000 women a year still die of breast cancer. We need to find a better path.”

to take a nation of women, most of us terrified of breast cancer, through an uncomfortable transition that she believes will benefit us all: Laura Esserman is going to show us why we should loosen our white-knuckle grip on mammograms.

To say this will be a challenge is an understatement. But as a compassionate-as-hell doctor known for singing to patients as they sink under anesthesia—and for her unfailingly collaborative approach to treatment (“If you want a doctor who just tells you what to do, I’m not the right match,” she says)—Esserman may be just the right blend of nurturer, hard-ass, trustworthy friend, and well-spoken public figure for the job.

She flicks on a small fountain, raising her voice ever so slightly to talk over the bubbling water. “We still have about 40,000 women a year who die of breast cancer,” she says, as if speaking the number alone leaves a bad taste in her mouth. “Everyone is trying to do the right thing, but we need to find a better path.”

As we talk, a hummingbird materializes, passing over deep green shrubs to hover amid the branches on the tallest, leafiest tree in the garden. The bird’s wings purr, audible over the fountain; it’s impossible not to think about how it would lose momentum if it stopped beating its wings, even for just a moment.

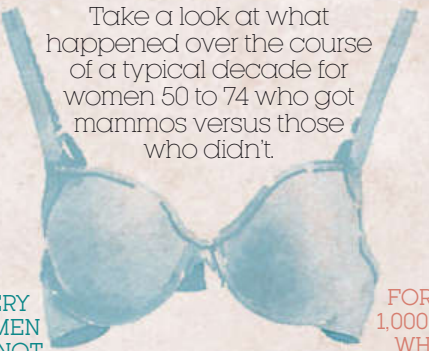
After a long pause, Esserman starts speaking again. “When you have a particularly tough situation, it makes you uncomfortable,” she says. She’s thinking of her individual patients, all of them ransacked by disease, some of them running out of time. Or maybe she’s considering the entire, population-level mess we’re in. Perhaps it’s both emergencies keeping her beating forward, momentum ever stronger. “But that discomfort yields creativity,” she continues. “It’s not only about doing the best you can today, it’s about making sure that tomorrow we can do something better.”



AS A CHAMPION of the truth, Esserman, 58, is controversial—and adored by patients. One painted this portrait.

Creating Fear for No Purpose?

Take a look at what happened over the course of a typical decade for women 50 to 74 who got mammos versus those who didn't.



FOR EVERY 1,000 WOMEN WHO DID NOT GET SCREENED		FOR EVERY 1,000 WOMEN WHO GOT SCREENED
0	Women who learned after a biopsy that their diagnosis was a false positive	100
0	Women whose breast-removal surgery was medically unnecessary	5
21	Women who died from all types of cancer	21
5	Women who died from breast cancer	4

Source: Harding Center for Risk Literacy

INFOGRAPHIC BY SAMANTHA BEDNAREK. BRA: GEMENACOM/ISTOCK

MAMMOGRAPHY—an x-ray of the tissue inside the breast—has been around since 1913, but the idea to use it for cancer screening came about in the 1960s. The hope then, of course, was to dramatically reduce breast cancer deaths. The thinking seemed logical: The more we looked for cancer, the more we'd find. The more cancer we found, the more cancer we'd treat, and if everything went well, the more we treated, the more lives we'd save.

In terms of finding disease, the plan certainly worked: Between 1980 and the early '90s, as screening mammography swelled in popularity, we caught about 30% more breast cancers.

Mammograms were being cast as lifesavers, but the data suggested otherwise.

In the mid-'80s, Esserman was a resident at Stanford. "I'd always been interested in cancer, but in my training as a surgeon I was hunting for the specialty with the biggest need," she says. "I thought with breast cancer there was opportunity." She remembers attending a conference and hearing a talk about the dramatic impact regular screening was having on colon cancer, mainly through colonoscopy. Early detection—and subsequent treatment—of precancerous polyps had significantly reduced the rates of full-blown disease, the presenters were saying. In that moment, Esserman realized, "Oh, my goodness, that is not what's happening in breast cancer," she recounts. More cancers were being detected, yes, but treating them early was having only a tiny impact on the death rate. She stayed up late one night with a colleague discussing the issue. "We kept saying, 'We have to do something; we have to work on this.'" Mammograms were being promoted as lifesavers, but the evidence suggested otherwise. Further, they were having widespread negative effects: Eventually, research would show that women who had false positives faced emotional consequences years after they were given the all clear. Esserman couldn't shake the feeling that something was going truly awry.

As more and more women got mammograms, the breast cancer mortality rate had decreased, but only a little, and experts say that was largely a result of advancements in treatment, not regular screening. Despite this reality, the popularity of the test kept growing. And fear of breast cancer seemed to skyrocket with it: By 1995, women between the ages of 40 and 50 estimated they had a 20 times greater risk of dying of breast cancer than they really did, and survey results showed that they thought screening mammography was six times more effective at reducing that risk than it really was. Their terror was compounded by disempowerment: "In the early '80s and '90s, women were going in for a biopsy and leaving the OR having had



ESSERMAN inscribed her tile with the message, "To cure sometimes, to heal often, to comfort always."



a mastectomy," Esserman remembers. "They were not being given the chance to be involved in the decision making, and they were angry."

Early detection via mammograms was positioned as our last chance at wresting back control over this deadly disease and the doctors who treated it. Awareness-raising organizations like the American Cancer Society contributed to the sense that we were all fully responsible for our own fate, circulating ads and flyers with slogans such as *If you haven't had a mammogram, you need more than your breasts examined.* By 2000, 70% of American women had had a mammogram in the previous 2 years. As we flocked to 5K road races and weekend-long fund-raising walks, as we walked for our sisters and our friends, we talked about the importance of mammograms.

The pink-ribbon movement gained momentum, and Esserman continued to accumulate research showing that screening mammography was increasing breast cancer diagnoses without the anticipated reduction in breast cancer deaths. She finally published her observations in a paper in the medical journal *JAMA* in 2009. She'd prepared herself with the best science-backed evidence she had, but the reaction, to her surprise, was outrage. "I didn't mean to say someone was wrong, I meant it as an opportunity to think," she says. "But I learned polarizing people doesn't lead to progress."

Just 2 months later, the United States Preventive Services Task Force, a government-funded panel of medical experts that essentially decides what's considered solid, science-backed

medicine in the US, updated its recommendations for screening mammography, declaring that women under 50 who got regular mammograms were far more likely to experience harm than to benefit. People "flipped out," Esserman recalls, at the idea of having their pre-50 mammograms taken away from them. Patients and doctors alike were reeling; when you're told for decades that early detection will save your life, it's hard to wrap your head around the idea that it might not help much at all. By then we'd witnessed more celebrities than we could count saying that mammograms had saved their lives. Our friends' mothers and mothers' friends—hell, our own mothers—had had scary brushes with breast cancer and credited their survival to mammograms. How could we not all want to protect ourselves as early as possible?

Even today, women say that breast cancer is the disease they fear most.

LIKE CENTURIES OF DOCTORS BEFORE HER, Esserman likes to talk about medicine as an art; it takes creativity to effectively apply population-level guidelines to the unique particulars of a patient's case. In art, she reminds me, practice is essential; artists and performers are constantly moving toward something bigger. "But in medicine, we're missing the piece that says we should be improving as part of our routine," she says. It's all she wants: to get better. She wants that for medicine as a whole and for her patients as individuals. Of course, sometimes people physically can't get better. "When you see someone dying," she says, her eyes narrowing at the thought, "it's what fuels you. I look at these people who don't have 10 years to wait for a new system, and I know we can figure out better screening and treatment faster. That's what gets me up in the morning."

Around the same time that the USPSTF's recommendations came out, new research started highlighting just how concerning the screening situation was. Large studies comparing women who got screened with those who didn't revealed that mammograms were excellent at finding cancers that may never actually need to be treated at all—that might even go away on their own, as up to 20% of cancers are thought to do. Mammograms detected calcifications, growths that most often turn out not to be anything whatsoever, yet they result in callback appointments for additional imaging or biopsies, raising nerves (and health care costs) in the process. They were excellent at finding cancers that were so slow-growing a woman would eventually have noticed a lump while dressing or showering and ultimately had the exact same prognosis and treatment as if it had been discovered by a mammogram earlier. And they

were single-handedly responsible for the dramatic increase since the 1980s in ductal carcinoma in situ, or DCIS, a type of precancerous growth routinely treated as invasive disease, despite vocal disagreement from Esserman. She is only just now gaining some support for her view that nothing more than watchful waiting is appropriate for the lowest-risk DCIS patients.

The evidence against the test became so damning that in 2013, the Swiss Medical Board decided to do away with screening mammograms entirely, supporting no new awareness-raising initiatives and phasing out existing programs over time. And in 2014, a group of high-profile UK doctors—including the editor-in-chief of the medical journal *BMJ* and the former president of the Royal College of General Practitioners—announced publicly that they no longer personally planned to get screened with mammograms based on what they knew about the pitfalls of the test. But in America, nothing of the sort transpired. Americans kept screening extensively.

Esserman's *JAMA* editorial had transformed her into an agent of change—the face of the movement to overhaul breast cancer screening. By 2010, she'd become the go-to for editorials on the subject. She was—and still is—one of only a handful of doctors willing to say of a breast cancer survivor, *No, a mammogram almost certainly didn't save her life*.

Esserman was disheartened by the fact that everyone was fixated on the question of when to start mammograms—at 40 or 50. To her, screening more intelligently would expose that debate as medically irrelevant. And she was frustrated that what was holding us back in this debate was that we didn't have the right data to figure out what intelligent screening would look like. "The data that informs our approach to screening was collected in the 1980s," she says. We now know so much more about the different forms the disease can take and the way risk can manifest—for instance, with the BRCA1 and BRCA2 genes—and yet the studies published today analyze stats collected at a time when our understanding of the disease, and its risk factors, was much more basic. So she decided to reach out to colleagues and ask them to join her in doing the research that no one else was doing. This would be the first trial to look at breast cancer using risk factors like genetics, hormones, and breast density.

Esserman has in mind a screening method driven by science, not fear.

THE MORNING CHILL HAS LINGERED; it's shaping up to be the kind of damp, overcast day that would keep most of us indoors, but Esserman is happy to be in her garden. "I don't come

out here enough," she says, surveying eight purple orchids standing at attention nearby. The hummingbird has zoomed away, off to investigate other gardens. "It's not that mammograms are inherently bad," Esserman says, now perched on the edge of her wrought-iron chair. For now, even her own study sticks to the recommendation of getting one every other year after 50. It's just time to upgrade our protocol. She has in mind a highly personalized approach to breast cancer screening, in which women with the lowest risk are screened far less often than women with the highest risk. It's a method driven by science, not fear. It would mean downgrading DCIS to a noncancer status deserving of the same no-sweat attitude we have toward something like an abnormal Pap test: You're aware of it, you keep an eye on it, you make some lifestyle tweaks to be as healthy as you can. That's it. "DCIS is not an emergency," she says. "People don't die in days or months. You have time to absorb the information, understand the diagnosis, and think about treatment options."

The WISDOM study (Women Informed to Screen Depending on Measures of Risk), as it's been named, will compare the outcomes for women who get annual mammograms with outcomes for those who get personalized, risk-based screening. The women in the personalized group will be assessed by weighing factors like age, race, family history of breast cancer,

This Is the Screening of the Future

LAURA ESSERMAN ENVISIONS a time when women will get mammograms according to their own personal risk of breast cancer instead of one-size-fits-all recommendations. This is how researchers in the WISDOM trial will get us there:

1 Every woman who joins the trial will have her risk assessed and will be assigned an age to start and stop mammograms, and told how often to get screened.

2 Researchers will weigh a combination of the following factors: age, race, genetics, family history of breast cancer, personal history of breast biopsies and breast density, and genetic mutations and variations.

3 They'll give women a customized screening plan based on their 5-year risk. A below-average-risk 45-year-old woman, for example, might be told not to come back for at least 5 years. No one will be screened less frequently than every other year after age 50. Women with the highest risk may be screened even more frequently than once a year.

Take Mammos into Your Own Hands—Now

If you want to anticipate your risk level before the results of the WISDOM trial are in, here are some things you can do right away:

1. Use the Breast Cancer Surveillance Consortium's calculator at *tools.bcsc-scc.org* to estimate your risk of breast cancer compared with the average woman's, based on a number of lifestyle factors and personal and family history.

2. Remind yourself of your breast density if you've already had a mammogram. If your breasts are "extremely" or "heterogeneously" dense, you may be at an elevated risk.

3. If you have a strong family history of breast cancer, ask if you might be a good candidate for genetic testing to help you learn even more about your risk.

4. Present your findings to your doctor and discuss whether less frequent (or more frequent) screening might be a good idea for you.

personal history of breast biopsies, breast density, genetic mutations, and inherited genes. The study will tell us which factors are ultimately the most important.

In 5 years, based on WISDOM study findings, all American women could be screened according to their risk level. But Esserman envisions WISDOM running long after the initial 5-year funding runs out, expanding to a nationwide database of breast cancer incidence, false positives, and DCIS diagnoses, to continue to refine the personalized screening model and to perfect breast cancer care. If we do this right, she says, we will nab more of the lethal cancers earlier while sidestepping life-altering false positives and the epidemic of overreacting to precancers.

Surprisingly, Esserman's decision to rise above the fray—to leap over the never-ending 40 versus 50 debate in pursuit of a higher-minded solution to our breast cancer problem—has been a unifying force among warring factions. Historically, one of those most unrelenting pro-mammogram groups has been the American Cancer Society, whose representatives have been outspoken about the necessity for annual screening for all women. But, as a testament to the need for improvement, even the ACS is eager for her research. "The problem right now is that screening mammography clearly does not work very well, especially for women in their 40s," says Otis Brawley, chief medical officer of the ACS. "Debating

whether to start screening at age 40 or 50 misses the point: Yes, women in their 40s die from breast cancer, and yes, we need to find those tumors, but mammography at its very best fails 80% of the women who need help from mammography in their 40s." In other words, just like Esserman, he believes mammography is not doing a remotely good enough job. Figuring out algorithms that help us better understand the disease, and who should get screened for it and when, would be a major improvement, he says.

their place. Esserman helped create a Healing Garden out of a concrete patio adjacent to UCSF's breast care center. People take comfort in this circle of death and renewal, she says. She remembers one of her patients telling her, "'I've come to think of my disease like the garden; it too has its seasons.'"

Our own cycles of fear and hope are equally inevitable. Even today, many women say breast cancer is the disease they fear most. And even now that we have more say in medical decisions, we're choosing the most radical options: screening more, even when

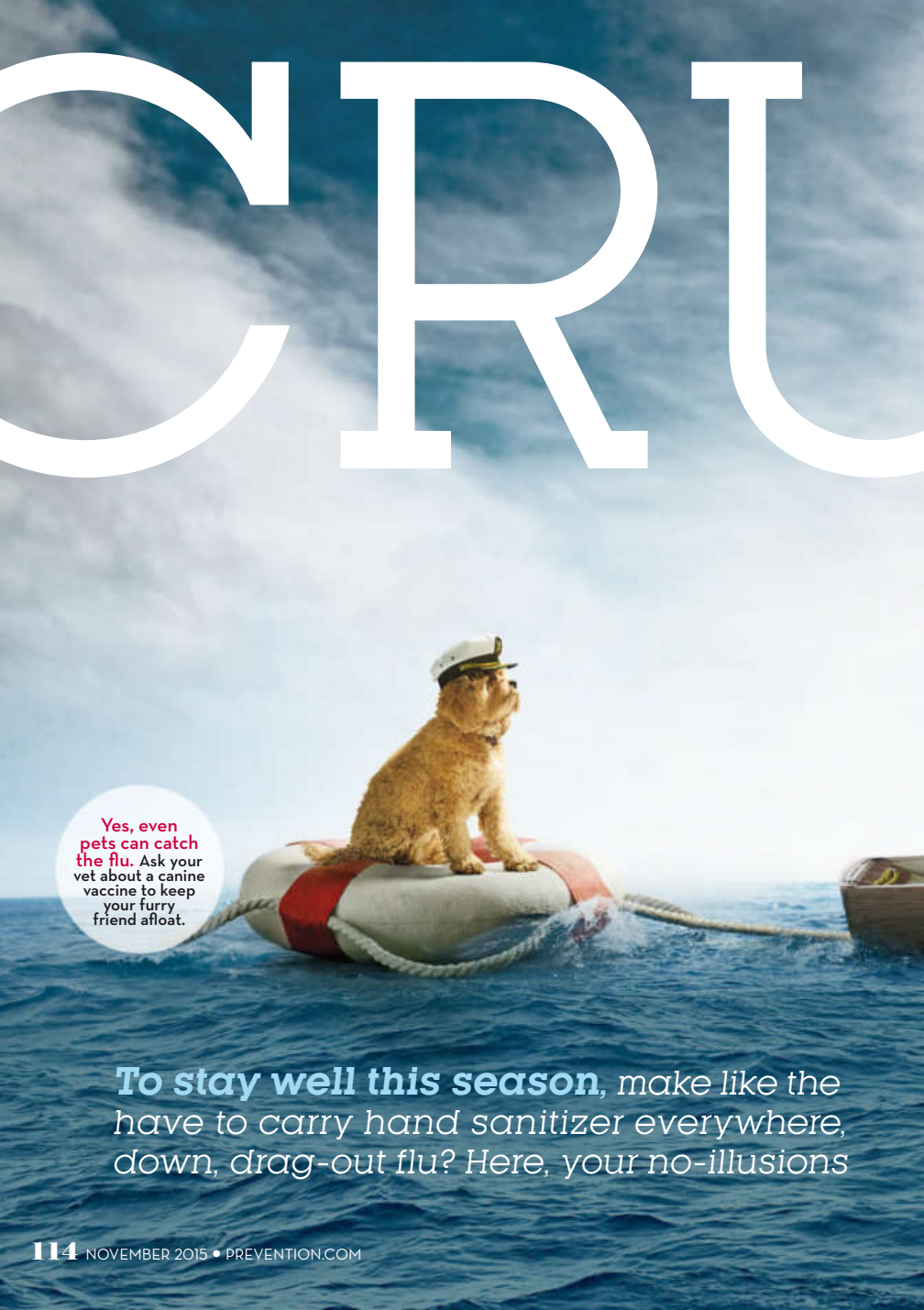
> "We have the opportunity to make a big difference for our daughters."

ESSERMAN, who is 58, will be enrolled in the study herself. Regarding breast cancer, she admits that so far she's only accomplished what she wanted to have out of the way by 45. There's a glimmer of disappointment before she brightens. "I'm always hopeful I'll see the end of breast cancer," she says. "We have the opportunity to make a big difference in the next 10 or 20 years, for our mothers, ourselves, our daughters. I would love to have this problem solved before it ever becomes an issue for mine."

She inhales as the scent from a nearby blossom drifts by. San Francisco may not have four distinct seasons, but nature's cycles are nonetheless present here: Buds open, plants grow and then wither; others sprout in

there's no evidence it's beneficial; treating more, even when the result is surgically removing perfectly healthy breasts; resisting when a doctor suggests it's OK to do less. For decades, women have clung to mammograms as their single scrap of control in the face of breast cancer; it will take a real wake-up call to convince the masses that for some people, opting for less screening *is* taking control. Doctors will have to make time for highly personalized conversations and get on board with listening more to their patients, rather than applying a one-size-fits-all rule to everyone. These are the massive barriers standing between Esserman and the changes she proposes, but she does not seem daunted. Then again, she's in the final stretch of this decades-long race. The rest of us just need to catch up.

CRU



Yes, even pets can catch the flu. Ask your vet about a canine vaccine to keep your furry friend afloat.

***To stay well this season**, make like the*
have to carry hand sanitizer everywhere,
down, drag-out flu? Here, your no-illusions

JISE

THROUGH WINTER WITHOUT GETTING SICK



hypervigilant crew on a cruise ship. Sure, you'll but what's that compared with the knock- guide to avoiding the rough seas of sickness.

BY KIMBERLY GOAD • PHOTOGRAPHS BY CJ BURTON



When it comes to fighting disease and promoting good health, cruise ships don't usually spring to mind. But with 20+ million people taking cruises every year, ship personnel are experts at keeping germs at bay and healing sick passengers fast. It's a big job and one with high risk: The bad publicity generated by a "sick" ship can financially sink it.

"If passengers are in their cabins with the flu, they aren't on deck spending money, and if we get too many people sick on one ship, it makes the news," says Arthur Diskin, vice president and global chief medical officer for Royal Caribbean Cruises. "So we have all sorts of reasons—commercial and otherwise—to stay well."

All this is good news for you. What's being learned at sea about avoiding colds, flu, and GI diseases can be applied on land—even if the only cruising you'll be doing this winter is back and forth to work.

AVOID TOUCHING THESE 6 GERM HOT SPOTS

Get up early (or come in late) on a cruise ship, and you'll witness a hive of cleaners disinfecting such "high-touch" surfaces as handrails, elevator buttons, bar rails, armrests, bathrooms, computer keyboards, gym equipment, and even poker chips.

"At any given moment, the housekeeping staff—about 1 staffer per 10 passengers, on average—is cleaning," says Mario Hrsak, director of vessel sanitation for Carnival Cruise Lines. "Over the course of an average day, one ship's staff will go through 5,000 gallons of hospital-grade disinfectant and 4,000 rags."

That's because "fingers are probably the germiest things we come in contact with," says Philip Tierno Jr., a clinical professor of microbiology and pathology at New York University School of Medicine. "The more you touch, the greater your risk of picking up something."

Indeed, research suggests that during the next hour, you'll touch your mouth eight times, on average; your nose five times; and your eyes three times. In between, you'll touch all sorts of germy things—usually without washing or disinfecting your hands once. That's a first-class ticket to getting sick, so try to stop touching your face altogether. Then follow these tips for handling the six worst breeding grounds for germs.


Skip the shake: Many ship captains no longer welcome passengers with a handshake because it's such a disease spreader. Score one for the fist bump.



One study found that 63% of gym equipment carries cold-causing viruses. Gross. Wipe down your machine, then work out.

1. GYM EQUIPMENT A study published in the *Clinical Journal of Sports Medicine* found cold-causing viruses on 63% of hand-contact surfaces on gym equipment. What's worse, disinfecting twice daily didn't lower the virus count, since plenty of people use the equipment between cleanings. So do it yourself. Scrub the treadmill's touch pad, the bike's handlebars, the handles on the dumbbells, and even the mats with an antibacterial wipe or two before exercising. You're not being a hypochondriac; you're being intelligently hygienic. Plus, it takes only seconds to do. Consider it a warm-up for your arm muscles!

2. MONEY EXCHANGES All-inclusive cruises cut the hassle of signing for drinks, but there's an ulterior motive: Not having to use a waiter's pen or punch in a password fights germ spread. Research shows stubborn germs can survive on plastic for weeks. To be safe on land, use a mobile payment system such as Apple Pay or carry a pen. (The nonwriting end works on retail signature screens.) Use a pen or key to enter info at ATMs (one study found they're just as germ-infested as public toilets) or the edge of a credit or debit card to make selections on touch screens.

4. HANDSHAKES Many cruise ship captains won't shake hands because it's such a germ spreader—and neither should you. Nearly twice as many bacteria are transferred during a handshake as during a high five or fist bump, according to a recent study. Not your style? Keep your hands behind your back when being introduced, like captains do, or if someone offers his hand, say you have a cold and don't want to spread it.



3. RESTROOMS Norovirus is spread through direct and indirect contact with feces and vomit from an infected person. Ew. Worse, it takes just 18 particles of the virus to make you sick. But here's the thing: Although it's nicknamed "the cruise ship virus," 99% of all norovirus cases occur on land, affecting about 20 million Americans annually with their crippling GI effects. And public restrooms are high-risk areas. When possible, choose one with automated toilets, faucets, and towel dispensers. (A review of hand-washing research found paper towels to be more effective at preventing disease spread than hand dryers because they don't spatter germs.)

5. RESTAURANTS On ships, buffet serving utensils are replaced up to four times an hour, plates are inverted to shield food-contact surfaces, condiments come in single-serving sizes, and lemon wedges are available only upon request. (Research found 70% of lemons on restaurant glasses had disease-causing microbes.) Try to pick places to eat that do the same.

MAYDAY!

Cruise ship MDs know how to stop the flu quickly; here's the 4-step strategy.

Isolate yourself. Tell your boss the CDC insists on it. Eighty percent of infectious diseases are spread by direct contact with a sickie. That's why cruise lines isolate unwell passengers in their staterooms. Treat yourself the same way, seeking medical attention promptly and isolating yourself if possible until you're symptom-free for 24 hours. Soldiering on endangers family and coworkers.

Take Tamiflu. A new analysis of previous research suggests the prescription drug reduces the severity of flu-related symptoms and shortens the average bout of flu from 5 days to 4 if taken within 48 hours of feeling sick.

Sleep 8 to 9 hours. Your immune system needs this daily dose to help you recover. A study at Carnegie Mellon University found that people who averaged fewer than 7 hours a night were almost three times more likely to get sick than those who logged 8 hours or more. Indulge your inner napper and grab as many z's as you can.

Double your drinking. Staying hydrated helps replace fluids lost from fever and also eases congestion. Aim for a bit more liquid than you would normally drink. Not sure what that number is? Divide your body weight by two; that's the number of ounces you need daily when well.

6. TOUCH/GRAB SPOTS Researchers at the University of Arizona placed a harmless artificial virus on a door push plate in a busy office building and tracked how it spread. Within hours, 50% of other commonly touched places they checked—copy machine, office fridge, coffee pot—were contaminated. Spots like these are only as clean as the last person who touched them. So use an elbow to open a door or poke an elevator button. Hand-washing with soap and water for at least 20 seconds is the best way to kill germs, but when that's not possible, hand sanitizer is very effective. Put little bottles in your purse and glove compartment and use them liberally. Cruise lines stock hand sanitizer with at least 60% alcohol, per the CDC's recommendation, and staff are trained to rub a dime-size drop between both hands until dry. When folks in the Arizona study did a similar intervention, the virus's spread was almost eliminated.


Ships isolate sick guests for the sake of everyone. Don't be a martyr: Stay home from work when you're sick and don't go back until symptoms are gone.

The best cruise ships are obsessive about hygiene. If you want to stay well, this is what it takes.



IF YOUR HOME WERE A CRUISE SHIP... WOULD IT PASS MUSTER?

Imagine inspectors from the US Public Health Service showing up unannounced to grade your home on hygiene. That's the idea behind the CDC's Vessel Sanitation Program, a voluntary program for US cruise ships with foreign itineraries. The pass-fail score is based on scrutinizing dozens of areas. We've adapted the CDC's criteria (along with some tips from the FDA) so you can tell if your home could make you sick. Check the rules you're violating, then tally your overall score.

Food Storage

- ☐ Refrigerator temp higher than 40°F.
- ☐ Food expired.
- ☐ Raw meat, poultry, or fish in fridge not in leakproof containers.
- ☐ Fridge so crammed that cold air can't circulate.

Food Prep/Service

- ☐ Sink used for food prep without proper disinfection.
- ☐ Food-contact surfaces have imperfections that are hard to clean.
- ☐ Workers not hygienic (e.g., handle dirty and clean dishes without washing hands in between).
- ☐ Utensils not adequately cleaned and sanitized before use.
- ☐ Ice machine or ice bin dirty or poorly maintained.
- ☐ Workers have exposed cuts or wounds.
- ☐ Used sponges contact clean food-prep surfaces.
- ☐ Same kitchen towels used to dry dishes and hands.
- ☐ Surfaces not sanitized between working with raw and ready-to-eat foods.

Bathrooms

- ☐ Showerheads not cleaned in past 6 months.
- ☐ Cloths/sponges used to clean toilet also used elsewhere in bathroom.

Heating/ Air Conditioning

- ☐ Units not clean (e.g., filters visibly dirty).
- ☐ Cooling coils and pans contain scale and sediment.

General Housekeeping

- ☐ Maintenance items (e.g., mops, buckets) not stored in designated area.
- ☐ Room where someone is sick not cleaned and disinfected daily.
- ☐ Cloths/sponges used to clean sick person's room used elsewhere.
- ☐ Soiled linens not kept in clean, nonabsorbent receptacles or washable laundry bags.
- ☐ Liquid soap and paper towels not adjacent to hand-washing stations.
- ☐ Cleaning/disinfectant products not used according to manufacturer's instructions.
- ☐ Clothes contaminated with vomit or diarrhea not washed separately.
- ☐ Cloth napkins not washed in hot water after each use.

SCORING

Give yourself *1 point* for each checked item.

☐ 0–3 points
PASS
Congrats, germaphobe!

☐ 4–25 points
FAIL
Clean up your act—or head to the doc.

IF ALL YOUR EFFORTS FAIL, GET BETTER FAST WITH THE IDEAL SICK-DAY MENU

Is it starve a cold, feed a fever or feed a cold, starve a fever? Actually, it's neither. It's not how much you eat but rather what you eat. So here are two simple eating plans—one for the flu, one for colds—to help you shake off symptoms, fortify your immune system, and speed recovery. Aye aye, Captain.

FLU

Breakfast

Oatmeal and banana

Oats are packed with beta-glucans, which speed healing. Bananas add potassium, which vomiting depletes.

Snack

Fresh-pressed juice or V8

Fresh juices contain antioxidants that boost the immune system. One study found that antioxidants even help fend off flu-related pneumonia. If fresh-pressed isn't possible, V8 is rich in antioxidants and hydrating electrolytes.

Drink

Coconut water

It is hydrating and replenishes electrolytes. Squeeze in lime for extra vitamin C.

Lunch

Steamed cauliflower

Don't let the pale color fool you: Cauliflower is rich in glutathione to help your immune system.

Snack

Kefir

Like yogurt, this fermented milk drink is loaded with probiotics.

Dinner

Almond-milk strawberry smoothie

Berries deliver vitamin C; almonds are rich in vitamin E and zinc.

Drink

Chamomile or ginger tea

Both help tame tummy trouble.

COLDS

Breakfast

Omelet with sliced mushrooms and salsa

Eggs contain zinc, an immune system booster. Mushrooms up the effectiveness of disease-fighting white blood cells. Spice eases congestion.

Snack

Yogurt

Probiotics reduce the body's inflammatory response. One study found that the good bacteria shortened cold duration by 2 days and eased symptoms by 34%.

Drink

Decaf green or black tea

Both are rich in antioxidants. Hot drinks also ease sneezing, sore throats, chills, and fatigue.

Lunch

Red-pepper slices and broccoli with hummus

Studies show vitamin C helps clear up colds faster. Strawberries, broccoli, bell peppers, and citrus are especially rich in it. Pairing veggies with hummus supplies protein to make more disease-fighting antibodies.

Snack

Sweet potato with olive oil

Sweet potatoes are packed with vitamin A, another immune-boosting nutrient.

Dinner

Chicken soup

It calms congestion and reduces mucus. Credit the amino acid cysteine, which is abundant in chicken. And the soup doesn't have to be homemade. Supermarket brands work, too. Just watch the salt.

Drink

Hot water with lemon and honey

One study showed honey reduces coughing as effectively as cough medicine.


Cruise ships with hand-washing stations at buffet entrances report 50% less GI illness. Wash your hands before eating and cut your risk.

what's got
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1

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3

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4

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Needle Therapy

The ancient practice of acupuncture could give your pet a new "leash" on life.

BY KAREN ASP

PHOTOGRAPH BY ANGIE KNOST/ALAMY; ILLUSTRATION BY JESSICA KUSUMA

Don't worry–pets may feel an initial prick, but after that, it's chill-out time.



When Susan Costa's dog, Freddie, was diagnosed with hip dysplasia, she chose to forgo giving him pain medication, instead turning to acupuncture. The time-honored treatment is quickly becoming trendy, and—crazy as it looks—the research shows it could be worth a try.

Pin Down the Facts

Your furry friend's treatment works just like yours: Inserting needles at specific points along the body's energy channels corrects and improves the flow of energy. The better your pet's flow, the healthier he is, says Marcie Fallek, a holistic veterinarian. Acupuncture in animals is most commonly sought for musculoskeletal issues like arthritis, says Allen M. Schoen, a holistic integrative veterinarian. It's also been found to help reduce pain and improve neurologic and gastrointestinal issues, among other problems, according to a review in *Scientific Papers: Animal Science and Biotechnologies*.

Pricking Precautions

Most pets take well to acupuncture—some even fall asleep from relaxation, says Schoen. But not all animals are suited for the therapy. Those who are aggressive or anxious may have a harder time relaxing, and in those cases, the added stress can outweigh the benefits, Schoen says. The length of your pet's acupuncture therapy depends on the problem: 6 to 8 weeks for chronic conditions and 1 to 2 weeks for acute injuries, with each session lasting around 30 minutes, says Fallek.

Before you commit to a veterinary acupuncturist, do your homework. While the AVMA American Board of Veterinary Specialties doesn't yet recognize the therapy, training in acupuncture is available to vets. Look for a therapist who has received certification in veterinary acupuncture.

As for Freddie, his two acupuncture sessions yielded big results—he easily hopped up into the car to go home. After his second treatment, the shy pup gave his practitioner a lick. "I was surprised to see it," says Costa. "But I think this was his way of telling the vet *thank you*."

PHOTOGRAPH BY ADAM PRETTY/GETTY IMAGES. ILLUSTRATION BY JESSICA KUSUMA

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RODALE

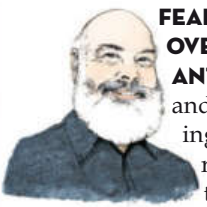
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THE INTEGRATIVE MD ON...

When do I really need an antibiotic?





FEARS ABOUT OVERUSING ANTIBIOTICS—and creating bacteria resistant to treatment—are real. Antibiotics should be taken only to treat actual bacterial infections, such as strep throat, not for colds or flu, which are caused by viruses. If your doctor suggests an antibiotic, ask if it's essential. One study found that 25% of outpatient antibiotic prescriptions for respiratory conditions were unnecessary.

With mild infections, try waiting a day or two to see if you get better on your own, provided your doctor agrees. Even the pros have difficulty telling viral and bacterial illnesses apart, so don't self-diagnose, order antibiotics online, or take someone else's pills—you may end up doing more harm than good.

ANDREW WEIL, MD, is founder and director of the Arizona Center for Integrative Medicine and a clinical professor of medicine at the University of Arizona. Send your questions for Dr. Weil to ***askdrweil@prevention.com***.

PHOTOGRAPH BY GALLERY STOCK. ILLUSTRATION BY LAUREN NASSEF



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SAUTÉ SOME PLANT POWER!

No one gets behind the idea of veggies as entrées more than Chad Sarno, a vegan chef who's launched plant-based restaurants worldwide. Try these souped-up brussels sprouts—satisfying enough for a meal, or simply an awesome side.

Brussels Sprouts with Pistachios and Sriracha



SERVES 4
TOTAL TIME: 15 minutes

In wok over high heat, add 2 Tbsp **peanut or coconut oil** and 3 **shallots, thinly sliced**, sautéing until shallots are browned. Add 4 cups **brussels sprout leaves**, stirring constantly. Continue to cook over medium-high until sprouts become vibrant green, about 3 minutes. Add ½ cup **lightly toasted pistachios** and ½ tsp each **salt and pepper**. Add 3 Tbsp **Shaoxing wine or dry sherry** to deglaze, then remove pan from heat. Serve immediately with **Sriracha sauce**, if desired.

NUTRITION (per serving)
233 cal, 8 g pro, 23 g carb, 5 g fiber, 5 g sugars, 14 g fat, 2 g sat fat, 220 mg sodium



CHAD SARNO is a vegan chef, the vice president of plant-based wellness for Rouxbe Cooking School, and a lead instructor for Culinary Rx, a tool that health care providers can use to teach patients about healthy eating.

PHOTOGRAPH BY PHILIP PICKS; FOOD STYLING BY KHALIL HYMORE; PROP STYLING BY CARLA GONZALEZ-HART. ILLUSTRATION BY LAUREN NASSEF

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